

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Saline
City Saline (No. St. Ward)

Registration District No. 930
Primary Registration District No. 5962

File No. 32188
Registered No.

2. FULL NAME Harriett Ann Shuck

(a) Residence No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph T. Shuck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 1845

7. AGE YEARS 86 MONTHS 6 DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike Co Ill^s
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Samuel P Shewe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline Adakins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maine
(STATE OR COUNTRY)

14. INFORMANT C.W.Brackley
(Address) Huntington Mo. R.F.D.

15. FILED 9/28. 1931 J.E. Floyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1931

17. I HEREBY CERTIFY, That I attended deceased from August 22, 1931, to Sept 20, 1931.

that I last saw her alive on Sept 13, 1931, and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic myocarditis

92 W 166 B
155 Enot Known

CONTRIBUTORY (SECONDARY) Rheumatism & Chronic Bronchitis Not Known

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Pf Reichmann, M.D.

Sept 21, 1931 (Address) Oakwood mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brush Creek Ralls Co Mo. DATE OF BURIAL Sept 22 1931

20. UNDERTAKER Wilson & Son Monroe City Mo. ADDRESS

