

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

Do not use this space.

39875

1. PLACE OF DEATH

County Shelby  
Township Lupton  
City Shelbina (No. \_\_\_\_\_)

Registration District No. 830  
Primary Registration District No. 10095

File No. 83  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Cunningham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24, 1848</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>7</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1931  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 - 1931, to Nov. 30, 1931  
I last saw her alive on 11-30-31, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobary  
108  
1931

Date of onset  
11-1-31

Other contributory causes of importance:

Dysentery

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>
	13. NAME <u>Phaent Durnavant</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wa</u>
	15. MAIDEN NAME <u>Mary Conway</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wa</u>
	17. INFORMANT (ADDRESS) <u>J. W. Cunningham Shelbina Mo</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1007 on</u> DATE <u>Dec 1, 1931</u>
	19. UNDERTAKER (ADDRESS) <u>Stays Shelbina Mo</u>
20. FILED <u>D-10 31</u> <u>Madgalfooch</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. McLeod, M. D.  
(Address) Shelbina Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1931

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

