

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

Do not use this space.

14054

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 3002
 City St. Louis Mo (No. Barnes Hospital Bldg.) St. Ward)

File No.

Registered No. 3382

2. FULL NAME Mabel Shuford

(a) Residence, No. 4323 Enright St. 11 Ward. 11
 (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>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Shuford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>abt 42</u>	YEARS <u>-</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dressmaker</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	
	11. Total time (years) spent in this occupation <u>Unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prattville Alabama</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prattville Alabama</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prattville Alabama</u>	
17. INFORMANT (ADDRESS) <u>John Shuford 4323 Enright St</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE DATE <u>Prattville Ala 4/7/32</u>		
19. UNDERTAKER (ADDRESS) <u>Peoples Ind Co 3100 Frankempis</u>		
20. FILED <u>-11</u> 19 <u>32</u> <u>Mac E. Standley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1932 to 4-4, 1932
 I last saw h. er alive on 4-4, 1932. Death is said to have occurred on the date stated above, at 7 15 a.m.
 The principal cause of death and related causes of importance were as follows:
Removal of Brain. Benign
 Other contributory causes of importance:
540 511 W

Name of operation Cranectomy Date of 4/1/32
 What test confirmed diagnosis? Clinical Was there an autopsy? yes

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? no
 If so, specify
 (Signed) F.R. Bradley, M. D.
 (Address) Barnes Hospital

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.

