

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

Do not use this space.

16752

1. PLACE OF DEATH

County Mason
Township
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3029

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode) Shellbina

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of James McLean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
<u>70</u>	<u>years</u>	<u>4</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME David Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Elizabeth Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Ed McLean (ADDRESS) Shellbina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shellbina Mo DATE May 10 1932

19. UNDERTAKER Shellbina Mo (ADDRESS) W. B. Brothers

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on May 9, 1932 Death is said

to have occurred on the date stated above, at 2:30 A.

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

Nephritis - Arterio-sclerosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

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) Fredrick H. Jones M. D.

(Address) Shellbina 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.

It is important
that you should state

and apply for
AGREEMENT. Ex

8-Every item
OF DRAG

15.60

1.4
260

2

10-10-18