

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

Do not use this space.

23324

1. PLACE OF DEATH

County Linn County Registration District No. 504
Township Benton Primary Registration District No. 4307
City Purdin Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Elizabeth M Shoults (Shanks)

(a) Residence, No. Purdin Mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1867
7. AGE YEARS 70 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Linn Co Mo

13. NAME Wm & Shanks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Ky

15. MAIDEN NAME Louisiana Pound

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Ky

17. INFORMANT Otis Shanks (ADDRESS) Linneus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linneus Co DATE Aug-2-1932

19. UNDERTAKER Hunter & Rollins (ADDRESS) Brookfield Mo

20. FILED 8-1- 1932 W.C. Snyder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 17 July 1932 to July 31 1932
I last saw him alive on July 31 1932 Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

Levetic Infection Tentative until Lab. Report Date of onset _____

Other contributory causes of importance: Chronic Nephritis, Arteriosclerosis

Name of operation Nil Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) Dr. David Rittenhouse M.D. 80
(Address) Purdin 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.

AUG 3 5 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

