

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

Do not use this space.

25638

1. PLACE OF DEATH

County Cass Registration District No. 148
 Township Mount Pleasant Primary Registration District No. 4082
 City Belton Mo (No. _____) St. _____ Ward _____

File No. 10
 Registered No. _____

2. FULL NAME

Clementine Wilhelm Shirk

(a) Residence, No. Belton 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ernest Shirk
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/17/1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
41 1 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x 235

10. Date deceased last worked at this occupation (month and year) x 11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pen. 2

13. NAME Holand Livingston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pen.

15. MAIDEN NAME Mary R. Brumby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pen.

17. INFORMANT Fred Livingston
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo DATE Aug 26 1932

19. UNDERTAKER E. K. Hebert & Son
 (ADDRESS) Belton Mo

20. FILED 8-26 1932 R. M. Miller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932, to Aug 25, 1932.
 I last saw her alive on Aug 25, 1932. Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:

myocarditis. Date of onset _____

93B 7310

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? P. Exam 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) R. M. Miller, M. D.
 (Address) Belton 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.

SEP 22 1932

