

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

Do not use this space.

25767

1. PLACE OF DEATH

27 County Cooper Registration District No. 218
2 Township _____ Primary Registration District No. 3015
4 City Bloomville, Mo. (No. Hospital) _____ St. _____ Ward _____

File No. _____
Registered No. 89

2. FULL NAME Emma Matilda Shields

(a) Residence, No. _____ St. _____ Ward. Howard County
(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 15

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. _____

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) Moniteau, Kentucky
Howard Co.

13. NAME Frank Shields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co
Mo.

15. MAIDEN NAME Katie Baskett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co
Mo.

17. INFORMANT Mrs Frank Shields
(ADDRESS) 5410

18. BURIAL, CREMATION, OR REMOVAL PLACE Walphua Spring DATE Aug 1 1932

19. UNDERTAKER (ADDRESS) Ed. Duncan
New Franklin, Mo

20. FILED SEP 1 1932 Gar Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1932 to Aug 31 1932

I last saw her alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

General peritonitis
1219 / 121
Other contributory causes of importance: acute appendicitis

Name of operation none 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? yes

If so, specify Cholera M. D.
(Signed) Gar Russell
(Address) Bloomville Mo

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

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 3 2 1932

