

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

Do not use this space.

29855

1. PLACE OF DEATH

70 County Montgomery
Township Loutre
City _____ (No. _____)

Registration District No. 590
Primary Registration District No. 5788

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emma Shearnise

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

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 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) January 14, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215

10. Date deceased last worked at this occupation (month and year) 7/16/32 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Case, Mo.

13. NAME Fred Shearnise 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKittrick, Mo.

15. MAIDEN NAME Martha Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis, Ia. 2

17. INFORMANT (ADDRESS) Virginia Shearnise
McKittrick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Loutre Island DATE 10/2 1932

19. UNDERTAKER (ADDRESS) Paul N. Baird
Missouri

20. FILED 10/1 1932 J. C. Thiergard 20
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th 1932 to Sept 30th 1932
I last saw her alive on Sept 30th 1932. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever
Date of onset 9-12-32

Other contributory causes of importance:
Intestinal Hemorrhage

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) T. B. Nichols M. D.
(Address) Phineland Missouri

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.

OCT 20 1932

