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.

NOV 25 1932

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

Do not use this space.

32960

File No. 78

Registered No.

68

1. PLACE OF DEATH
County Moniteau
Township Pilot Grove
City ..... No. ....., ... St. ..... Ward)

Registration District No. 577
Primary Registration District No. 5775

2. FULL NAME Bertha Shores

(a) Residence, No. ..... St., ... Ward. .....
(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 FM

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Glen A. Shores.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20-1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	5	15	

OCCUPATION

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. 235

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 Co 1

FATHER

13. NAME Robert Ratcliff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER

15. MAIDEN NAME Foxworthy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

17. INFORMANT Marion Shores
(ADDRESS) California Mo Latham Star Route

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem. DATE 10-6 1932

19. UNDERTAKER W. F. Kidwell
(ADDRESS) Versailles, Mo.

20. FILED Nov 9th 1932 J M Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1932 to Oct 4 1932
I last saw h. alive on Oct 4th 1932 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Oct 4th
CHA	
HT	

Other contributory causes of importance:

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? .....
If so, specify .....

(Signed) J M Robertson, M. D.
(Address) Latham Mo