

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

Do not use this space.

38112

File No. _____
Registered No. 235
St. _____ Ward _____

1. PLACE OF DEATH
108 County Vernon Registration District No. 875
2 Township Kenby Primary Registration District No. 3039
7 City Nevada (No. _____ St. _____ Ward _____)
2. FULL NAME Mrs. Letha Shankland
(a) Residence, No. 327 S. Main 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nallas Shankland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 0 19

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermillion County Indiana

13. NAME G. W. Heat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Ill

15. MAIDEN NAME Wells

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

17. INFORMANT (ADDRESS) G. L. Rhea Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson Cemetery DATE Nov. 23, 1932

19. UNDERTAKER (ADDRESS) First Hill Marsh, Cushing Nevada, Mo.

20. FILED 11-26, 1932 G. P. J. J. Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932 to Nov 21, 1932.
I last saw her alive on Nov 21, 1932 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of colon
46C 46C
Other contributory causes of importance none.

Date of onset Don't know.

Name of operation none. Date of _____
What test confirmed diagnosis? Phyp. Exam Where 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) W. R. R. M. D.
(Address) Nevada, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 5 1933

