

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.

JAN 21 1933

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

Do not use this space.

38351

1. PLACE OF DEATH
 7 County Bates Registration District No. 50
 3 Township _____ Primary Registration District No. 3004
 4 City Butts (No. _____ St. _____ Ward _____)

2. FULL NAME Clara J. Shenefield
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. D. Shenefield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1864

7. AGE YEARS 68 MONTHS 9 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, 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) Indiana

FATHER 13. NAME don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT John W. Shenefield
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL South Bend Ind Dec 24 1932
 PLACE DATE

19. UNDERTAKER Shulz
 (ADDRESS) Butts, Mo

20. FILED Dec 14 1932 Thos E Culver
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1932 to Dec 21 1932
 I last saw her alive on Dec 21 1932 Death is said to have occurred on the date stated above, at 11 P m:
 The principal cause of death and related causes of importance were as follows:
General
Carcinomatous
liver & pernis
 Date of onset 5/1
5/1
4/1

Other contributory causes of importance:
Carcinoma
Breast
50

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) Charles H. Luten, M. D.
 (Address) Butts, Mo.

