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.

WRITE PLAINLY, WITH INKPADDING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

54

6 1. PLACE OF DEATH

County: Lafayette — Registration District No.: 461 — File No.: 40411

Township: Sni Valley — Primary Registration District No.: 3024 — Registered No.:

City: Lexington (No. ..... St. ..... Ward)

2. FULL NAME: Minnie Catron Shull

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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.

## 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: Godfrey Shull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7 - 1862

7. AGE: Years 70 — Months 10 — Days 4 — If LESS than 1 day, ..... hrs. or ..... min.

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.: At Home

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co Mo

FATHER

13. NAME: Jronson Catron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Ann Suddath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Mrs L Partridge Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lexington Mo DATE: Dec 12, 1932

19. UNDERTAKER (ADDRESS): Ernst Wegerting Lexington Mo

20. FILED: Dec 12, 1932 J. W. Fredendall, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932, to Dec 11, 1932

I last saw her alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Bp 130 108 | |

Other contributory causes of importance:

Acute Nephritis

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. Regan, M. D.

(Address) Lexington Mo