

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

Do not use this space.

42814

1. PLACE OF DEATH
County Scotland Registration District No. 811
Township Sand Hill Primary Registration District No. 4489
City (No. 6039) St. _____ Ward _____

2. FULL NAME Shirley, Elizabeth, Mc Cabe
(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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 8 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Scotland Co Mo

FATHER
13. NAME Latus Mc Cabe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Mo

MOTHER
15. MAIDEN NAME Mildred Tull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

17. INFORMANT (ADDRESS) Mrs. Lora Dunning Garrie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rutledge Cemetery 12-21 1932

19. UNDERTAKER (ADDRESS) Guth & Bennett Garrie Mo

20. FILED 12-30 1932 Idella Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th 1932 to December 19, 1932
I last saw her alive on Dec 19th 1932 Death is said to have occurred on the date stated above, at 6 A. m.

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

Broncho Pneumonia Date of onset 12-16-32
11th 1932
107th 100 10

Other contributory causes of importance:
Influenza 10 days

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there 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) F. M. Johnson, M. D.
(Address) Garrie Mo

MARGIN RESERVED FOR BINDING
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.

V. S. NO. 2.

