

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

Do not use this space.

0565

1. PLACE OF DEATH

County MONROE Registration District No. 582 File No. 16
Township _____ Primary Registration District No. 4344 Registered No. _____
City PARIS (No. _____, _____ St. _____ Ward)

2. FULL NAME SHIRLEY GENE SEE

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

Length of residence in city or town where death occurred yrs. mos. 7 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 16, 1933

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

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.

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

12. BIRTHPLACE (CITY OR TOWN) PARIS (STATE OR COUNTRY) Mo.

13. NAME HARDIN SEE

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

15. MAIDEN NAME VIGGIE TIPTON

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

17. INFORMANT HARDIN SEE (ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE FEB 24 1933

19. UNDERTAKER NONE (ADDRESS) _____

20. FILED FEB 24 1933 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from FEB 23 1933, to FEB 23 1933. I last saw him alive on FEB 23/33. Death is said to have occurred on the date stated above, at 8 P. m.

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

Inability to take food. starvation Date of onset Feb 15

Other contributory causes of importance: 159 159 159

Signature _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) H. C. Payne, M. D. (Address) PARIS, Mo.

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.

69
297

1-30
1933

