

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

Do not use this space.

9014

1. PLACE OF DEATH  
 County Dade Registration District No. 238  
 Township Lockwood Primary Registration District No. 3324  
 City (No. ....) St. .... Ward (No. ....)

2. FULL NAME Narcissa Shaffer  
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Shaffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>90</u>	<u>4</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lived with

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daughter

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) Hallsburg, W. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Narcissa Kingston

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

17. INFORMANT (ADDRESS) Maggie Williams, Mahomet, Ill.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Kimpoint DATE March 12, 1933

19. UNDERTAKER (ADDRESS) W. Ray Caldwell, Lockwood, Mo.

20. FILED 3-23-33 J. D. Wren Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Recently, 19... to ... 19...  
 I last saw her alive on Several months ago Death is said to have occurred on the date stated above, at 1:30 AM.  
 The principal cause of death and related causes of importance were as follows:

Date of onset
<u>Seizure</u>
<u>102</u>

Other contributory causes of importance: ✓

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) John McDermott, M. D.  
 (Address) Lockwood 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.

APR 24 1933

