MAY 22 1933

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

Do not use this space.

14005

File No. .....

Registered No. .....

1. PLACE OF DEATH

County New Madrid — Registration District No. 274

Township ..... — Primary Registration District No. 4063

City Lilbourn (No. ..... St. ..... Ward)

2. FULL NAME Sarah Ellen Shy

(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: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Shy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1 – 1858

7. AGE: YEARS 74 — MONTHS 9 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hs wf

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) (STATE OR COUNTRY): Ark

FATHER

13. NAME: Jerry Bassett

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

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): Wm Shy Lilbourn, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Evergreen Cem DATE 4 – 28 1933

19. UNDERTAKER (ADDRESS): Richards Und. Co New Madrid

20. FILED Apr 29 1933 E. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1933, to Apr 27, 1933

I last saw her alive on Apr 27, 1933 Death is said to have occurred on the date stated above, at 9:30 am.

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

Uraemic Coma

134A / [illegible]

132 B

Other contributory causes of importance: Renal Colic

Date of onset

Name of operation: none — 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) E. E. Jones, M. D.

(Address) Lilbourn, 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