

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

Do not use this space.

1939

1. PLACE OF DEATH

37 County Gasconade
Township Carroll
City (No.) (No.)

Registration District No. 306
Primary Registration District No. 5422

File No.
Registered No. 87
St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife of James A. Holt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-8-1879</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
		DAYS <u>19</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Found dead on front porch of her home about 8 o'clock A.M. June 28, 1933. Coroner's jury find that deceased came to her death by natural causes and from no indication of violence. There was no attending physician.
Cause of death unknown

Date of onset

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) B. F. Chaudet, J. P. Acting Coroner

(Address) Owensville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wollam Mo</u>
	13. NAME <u>John M. Shockley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wollam Mo</u>
	15. MAIDEN NAME <u>Minerva Jane Owsley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wollam Mo</u>
	17. INFORMANT <u>James P. Holt</u> (ADDRESS) <u>Owensville Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty</u> DATE <u>6-30-1933</u>
	19. UNDERTAKER <u>W. F. Gatterstrater</u> (ADDRESS) <u>Owensville Mo</u>
	20. FILED <u>7-1-1933</u> <u>J. F. Ferrell</u> Registrar.

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.

JUL 21 1933

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