

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

Do not use this space.

27444

1. PLACE OF BIRTH
 93 County St. Clair Registration District No. 761
 Township Monsieur Primary Registration District No. 6017
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Isabelle Shoop
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simon Shoop
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 18-1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 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) Ohio
 13. NAME Henry Loucks
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Blava Bock
 (ADDRESS) Appleton City, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City, Mo DATE Aug 9 1933
 19. UNDERTAKER Frank Lee
 (ADDRESS) Appleton
 20. FILED Sept 7 1933 C. E. Cline
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-7-1933
 22. I HEREBY CERTIFY, That I attended deceased from April 18 1933, to Aug 7 1933
 I last saw her alive on Aug 6 1933. Death is said to have occurred on the date stated above, at 1- a. m.
 The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
97. 97. 97. 97.
 Other contributory causes of importance: _____

Name of operation none 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) P. J. Smith, M. D.
 (Address) Appleton City, 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.

SEP 26 1933

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