

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

Do not use this space.

29140

File No. 224  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Colo. Registration District No. 2, 3  
Township Jefferson Primary Registration District No. 3014  
City Jefferson City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sara Elizabeth Shan  
(a) Residence, No. 718 W. Miller 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 <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 OR (OR) WIFE OF <u>Wm Shan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17-1886</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>47</u>	<u>3</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sweetie Footwear</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>corporation</u>			
	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)	<u>Marion Co.</u>
13. NAME	<u>Allen Johnson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ireland</u>
15. MAIDEN NAME	<u>Mary Wilson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Orange Co.</u>
17. INFORMANT (ADDRESS)	<u>Wm Shan 718 W. Miller</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Riverside</u> DATE <u>Sept 30, 1933</u>
19. UNDERTAKER (ADDRESS)	<u>Dawson - Tamm 700 Jefferson St.</u>
20. FILED	<u>10/26/33</u> <u>W. B. Buford</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to Sept 28, 1933

I last saw h. alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 40 m.

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

Malignant Malaria Date of onset 9/15/33

Other contributory causes of importance:

Adenomatare Thyroid gland  
Cholemia one week

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? no

If so, specify \_\_\_\_\_  
(Signed) W. A. Clark, M. D.  
(Address) Jefferson City, Mo.

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.

NOV 10 '33

