

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.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29317

1. PLACE OF DEATH

County HenryRegistration District No. 314Township StanhurstPrimary Registration District No. 4190City Stanhurst

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

Male

4. COLOR OR RACE

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFClarence Shuler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 13 - 1880

7. AGE

YEARS

53

MONTHS

2

DAYS

0If LESS than 1
day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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)Mont Ayr Iowa

13. NAME

Charles Mendenhall14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Green Ohio

15. MAIDEN NAME

Jennie Holding16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Shelby Illinois17. INFORMANT
(ADDRESS)Mr. Clarence Shuler

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Stanhurst Mo

DATE

9/15-3319. UNDERTAKER
(ADDRESS)W. A. Phillips

20. FILED

9/17/33

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1933, to Sept 13, 1933I last saw her alive on Sept 12, 1933. Death is said
to have occurred on the date stated above, at 225 in.

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

Bulbular Paralysis

Date of onset

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? No

If so, specify

(Signed)

Dr. A. C. Crockitt, M. D.

(Address)

Stanhurst, Mo.

Dr. J. J. Connelley