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

Do not use this space.

32262

85

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 1020

City St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME Shirley Maxine Canterbury

(a) Residence, No. St., Ward. Elwood, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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) Elwood, Kansas

FATHER

13. NAME Hubert Canterbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elwood, Kansas

MOTHER

15. MAIDEN NAME Bessie Cartmill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckner, Mo.

17. INFORMANT (ADDRESS) Hubert Canterbury Elwood, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belmont Cemetery, DATE Oct. 15, 1933

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 10 24, 1933 John R. Binders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 19, to Oct 14, 1933

I last saw her alive on Oct 14, 1933 Death is said to have occurred on the date stated above, at 3.25 A.M.

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

	Date of onset
Intestinal obstruction (intussception)	10/12/33
122B	

Other contributory causes of importance: 122B

Name of operation Release of obstruction Date of 10/13/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 no

(Signed) [signature], M. D.

(Address) 301 No. 8th St. St. Joseph, 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.

NOV 10 1933

W. S. No. 2