

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

Do not use this space.

33953

**1. PLACE OF DEATH**

78 County Camden Registration District No. 651  
Township Little Prairie Primary Registration District No. 8862  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 97

**2. FULL NAME**

Mollie Shull  
(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29, 1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 5-11 02

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
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) Wentworth Point Mo

13. NAME Lura Shull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennison

15. MAIDEN NAME Ruby Hardick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennison

17. INFORMANT Lura Shull  
(ADDRESS) Wentworthville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworthville, Mo DATE Oct 7, 1933

19. UNDERTAKER Family  
(ADDRESS) Wentworthville, Mo

20. FILED Oct 3, 1933 Leda Martin  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to Oct 1, 1933  
I last saw him alive on Sept 30, 1933 Death is said to have occurred on the date stated above, at Oct 1 10 PM  
The principal cause of death and related causes of importance were as follows:

colitis  
1195  
11910  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. K. Atkins M. D.  
(Address) Wentworthville, 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.

NOV 10 1933

