

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

Do not use this space.

34168

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 209 E Coates) St. 126 Ward) _____
 2. FULL NAME Amanda Shedd
 (a) Residence, No. 209 E Coates 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O.F. Shedd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 13th 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Mo
 13. NAME George P Archer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Herriett Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Wynona Maxwell
 (ADDRESS) Moberly, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moberly DATE 10-30 1933
 19. UNDERTAKER Mahan & Son
 (ADDRESS) Moberly, Mo.
 20. FILED 10/30 1933 Virginia Collier
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Oct 29 1933
 I last saw him alive on Oct 28 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis R.V.
Accompanying Chronic Hypertension
930
97
 Other contributory causes of importance: Arteriosclerosis
 Name of operation _____ Date of _____
 (What test confirmed diagnosis? Clinical as there an autopsy? _____)
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1933
 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) Mass R. U. Dand M. D.
 (Address) Moberly, 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 1933

RECORD OF DEATHS WITH CHANGING INFORMATION IS A PERMANENT RECORD

