

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

Do not use this space.

1. PLACE OF DEATH

13 County Calderell
Township Grand
City _____ (No. _____)

Registration District No. 99
Primary Registration District No. 5146

File No. 35835
Registered No. 16
St. _____ Ward _____

2. FULL NAME Mary A Shirk

(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 <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 <u>HUSBAND OF</u> <u>Daniel A. Shirk</u> <u>OR WIFE OF</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 1895</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</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>Buchanan County Missouri</u>				
FATHER	13. NAME <u>John Goddard</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
MOTHER	15. MAIDEN NAME <u>Mary A Nave</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
17. INFORMANT (ADDRESS) <u>Mrs Mary Heath No 3609 Gill No</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__				
19. UNDERTAKER (ADDRESS) <u>W. Paugh, Coffey</u>				
20. FILED <u>Nov 10 1933 O. G. Mountr</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to 11-7, 1933

I last saw her alive on 11-6-33, 19__ Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of RT Breast with Metastasis 1927
50
130
50

Date of onset _____

Other contributory causes of importance:
Acute Nephritis with Dehydration ✓ Oct 1933

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) W. H. Wilson, M. D.
(Address) Colo 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

