WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

37429

File No. 46

Registered No.

1. PLACE OF DEATH

County: Perry

Township: ~~Central~~

City: Perryville (No. ..... St. ..... Ward)

Registration District No. 660

Primary Registration District No. 4396

2. FULL NAME: Shirley May Wampler

(a) Residence, No. 214 W St Joseph 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. 6 mos. 8 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9th, 1933

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	8	

OCCUPATION

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.

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): Perry County

FATHER

13. NAME: Harry W Wampler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison County

MOTHER

15. MAIDEN NAME: Tessie Poinsett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas State

17. INFORMANT: Harry W Wampler
(ADDRESS) Perryville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Boniface DATE Nov 18 1933

19. UNDERTAKER: Bey Undertaking Co.
(ADDRESS) Perryville, Missouri.

20. FILED Nov 18, 1933 El L Brewer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1933, 19, to Nov 17 1933, 19

I last saw her alive on Nov 17 1933, 19. Death is said to have occurred on the date stated above, at 10 A m.

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

	Date of onset
Acute Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) [illegible] Bailey, M. D.

(Address) Perryville