

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

Do not use this space.

39224

1. **PLACE OF DEATH**
11 JAN 26 1934

11 County Buchanan Registration District No. 1 File No. 1249
5 Township St Joseph Primary Registration District No. 1 Registered No. 1249
9 City St Joseph (No. St Joseph Hospital) St. 1 Ward 1

2. **FULL NAME** Mary Alma Shea
(a) Residence, No. Plattsburg Mo St. 1 Ward 1
(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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Shea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Alone.
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) Unknown Missouri

13. NAME Pat Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whisper Mo.

15. MAIDEN NAME Rena Woodward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) Mr. Helen Schoneck Industrial City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo DATE 12-18-33

19. UNDERTAKER (ADDRESS) John J. Quinn Plattsburg Mo.

20. FILED 12-16-33 John A. Bander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1933 to Dec. 16 1933
I last saw her alive on Dec. 16, 1933 Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:

Blow. pneumonia
Septicemia
Influenza
Other contributory causes of importance:
None
Date of onset 12-12

Name of operation None Date of None
What test confirmed diagnosis? Culture Was there an autopsy? None

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? No
If so, specify Stark Standigan M. D.
(Signed) Herbert A. Bander
(Address) Plattsburg 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.

2025

