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.

JAN 26 1934

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

Do not use this space.

42444

Registration District No. 908

Primary Registration District No. 4349

File No.

Registered No. 62

1. PLACE OF DEATH

County Wright

Township

City Mtn Grove (No. , St. Ward)

2. FULL NAME Julia B. Shindhelm

(a) Residence, No. St., Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Kentucky

FATHER

13. NAME W. S. Judd

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

MOTHER

15. MAIDEN NAME Irene G. Tuttell

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

17. INFORMANT Fred Rodgers
(ADDRESS) Mtn Grove

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chapel DATE 12-22 1933

19. UNDERTAKER Bettes Funeral Home
(ADDRESS) Mtn Grove

20. FILED 12-22 1933 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933, to Dec. 21, 1933

I last saw h. alive on Dec. 21, 1933. Death is said to have occurred on the date stated above, at 5:45 P. m.

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

	Date of onset
Acute Pancreatitis	Dec. 1-1933

56E
90B

Other contributory causes of importance:

Acute Rheumatism

Name of operation None 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) R. W. Chaney, M. D.

(Address) Mtn Grove Mo.