

FEB 27 1934

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

Do not use this space.

1

1. PLACE OF DEATH

County Madison
Township Windsor
City Windsor

Registration District No. 2
Primary Registration District No. 4004

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Mary Ellen Sholley

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1934

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnathan Sholley

22. I HEREBY CERTIFY, that I attended deceased from Jan 20, 1934 to Jan 29, 1934.
I last saw her alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at _____ m.

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1863

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

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 6 5

Chronic Nephritis Date of onset 1930

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

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

Other contributory causes of importance:

Influenza Jan 15, 1934

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

13. NAME Elijah Osborn

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

15. MAIDEN NAME Lotta Grissers

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

INFORMANT (ADDRESS) Frank H. Sholley

BURIAL, CREMATION, OR REMOVAL PLACE Windsor Cemetery DATE Jan 31, 1934

UNDERTAKER (ADDRESS) Lewis & Son

FILED Jan 30, 1934 J. S. Galbreath Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. H. Garrison, M. D.
(Address) Windsor MO

