

MAR 24 1934

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

Do not use this space.

5861

1. PLACE OF DEATH

County

New Madrid

Registration District No.

827 58

File No.

20

Township

East

Primary Registration District No.

6070

Registered No.

City

(No.

St.

Ward)

2. FULL NAME

Blanche Shields

(a) Residence, No.

Matthews, Mo.

R.#2

Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

6 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

✓

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

August 16, 1916

7. AGE

YEARS

17

MONTHS

5

DAYS

24

If LESS than 1 day, hrs. or min.

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

Student

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)

Pernallan County, Mississippi

13. NAME

Mack Shields

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

Lafayette County, Mississippi

15. MAIDEN NAME

Learner Hooper

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

Pernallan Co., Mississippi

17. INFORMANT (ADDRESS)

Mack Shields, Matthews, Mo., Route #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Superior, Mo.

DATE

2/11

1934

19. UNDERTAKER (ADDRESS)

F. D. Dwyer, 3715 1/2 W. 2nd

20. FILED

3/15/34 W. D. Dwyer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from

January 20, 1934, to February 10, 1934

last saw her alive on January 20, 1934. Death is said

to have occurred on the date stated above, at 4:00 A.M.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

23A

23

Name of operation

What test confirmed diagnosis? Clinical

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓

Date of injury

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

(Signed) G. W. Dwyer

(Address) Shields, Mo.

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.

MISSOURI STATE BOARD OF HEALTH, WITH SUPPLEMENTARY INFORMATION IS A PERMANENT RECORD

