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

Do not use this space.

File No. 7819
Registered No. 79

1. PLACE OF DEATH
County Boone — Registration District No. 73
Township Columbia — Primary Registration District No. 3006
City Columbia (No. Boone Co. Hospital St. Ward)

2. FULL NAME Mrs Alberta Shafer
(a) Residence, ~~No.~~ Harrisburg Mo 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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF William Earl Shafer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1903

7. AGE: Years 30 — Months 2 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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.
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) Higbee, Mo.

FATHER
13. NAME W L Redifer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Cora Robb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higbee

17. INFORMANT William E. Shafer (ADDRESS) Harrisburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisburg DATE March 18 1934

19. UNDERTAKER (ADDRESS) R O Willett ~~Columbia~~

20. FILED 3/17/ 1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1934 to ——, 19..
I last saw h. x alive on x, 19.. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Septicemia	
Peritonitis	
140	
127	

140

Other contributory causes of importance:
Abortion Self inflicted

Name of operation ..... 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 ..... Owner
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. A. Davis, Coroner ~~M. D.~~
(Address) Columbia 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.