

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

Do not use this space.

8021

1. PLACE OF DEATH

County Benton Registration District No. 89
Township Poplar Bluff Primary Registration District No. 5131
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 70

2. FULL NAME

(a) Residence, No. R. 1. #3 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 4 17

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

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) Ill.

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Geo Shamm (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek DATE 3-25 1934

19. UNDERTAKER Frankford Co. (ADDRESS) Poplar Bluff

20. FILED 4-2-1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933 to 3/23 1934
I last saw her alive on Jan 12 1934 Death is said to have occurred on the date stated above, at 1:50 p.m.

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

sarcinoma of liver (Date of onset (?))
(liver)

Other contributory causes of importance:

46 E. 4-6

Name of operation _____ Date of _____

What test confirmed diagnosis? chest 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 _____ 1934

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) W. S. Bailey M. D.

(Address) Poplar Bluff

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.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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