MAY 25 1934

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

Do not use this space.

File No. 12136
Registered No. 27

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City Cape Girardeau (No. , Albert St. St. Ward)

2. FULL NAME Joan Marie Shafer
(a) Residence, No. Albert St. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1933

7. AGE YEARS MONTHS 9 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Cape Girardeau Mo

FATHER
13. NAME Ed Shafer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce Mo

MOTHER
15. MAIDEN NAME Lucile Thomure
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce Mo

17. INFORMANT (ADDRESS) Ed Shafer Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary Cemetery DATE April 14 1934

19. UNDERTAKER (ADDRESS) Larberg F & U Co Cape Girardeau Mo

20. FILED April 14, 1934 J. M. Thompson L. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 13, 1934
I last saw her alive on April 13, 1934. Death is said to have occurred on the date stated above, at 6 20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-8-34

Other contributory causes of importance:

Whooping cough	3-20-34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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? no
If so, specify .....
(Signed) W. A. Schoen, M. D.
(Address) Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.