

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, Mo. (No. _____)

Registration District No. 998
Primary Registration District No. 5554

File No. 12741
Registered No. 140
St. _____ Ward _____

2. FULL NAME LAURA BELLE SHIRK

(a) Residence, No. 910 Lexington Road St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALBERT AMBROSE SHIRK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1863

7. AGE 70 YEARS 5 MONTHS 6 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sptaner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Westville, Indiana

13. NAME Clifford Conner

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

15. MAIDEN NAME Louisa Kay

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

17. INFORMANT W. J. Farmer (ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beltin, Mo. DATE Apr. 22, 1934

19. UNDERTAKER Ott Mitchell (ADDRESS) Independence, Mo.

20. FILED April 20, 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1933, to April 19, 1934

I last saw her alive on April 19, 1934. Death is said to have occurred on the date stated above, at 1:15 P. m.

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

1. Coronary Occlusion 131
2. Atherosclerosis 940
3. Heart Block 1950
13 Date of onset 5/4/34

Other contributory causes of importance:
Heart dilatation w. Reg. Chronic interstitial nephritis.

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) [Signature] M. D.
(Address) 505 1/2 S. Main St. Independence, Mo.

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.

