

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

Do not use this space.

13933

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. 606 So Williams)

Registration District No. 735
Primary Registration District No. 3034

File No. 13933
Registered No. 57
St. _____ Ward _____

2. FULL NAME

Kittie Shew

(a) Residence, No. 606 So. Williams 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. A. Shew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3rd 1843</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>10</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th 1934

22. I HEREBY CERTIFY That I attended deceased from April 13 1934 to April 14 1934
I last saw her alive on April 14 1934. Death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:
Senility
97
162
Other contributory causes of importance:
arterio sclerosis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>
	13. NAME <u>Jefferson Bishop</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>
	15. MAIDEN NAME <u>Wiley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>
	17. INFORMANT (ADDRESS) <u>L. A. Shew</u> <u>Moberly Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Atterbury</u> DATE <u>4-16th 1934</u>
	19. UNDERTAKER (ADDRESS) <u>Mahan and Son</u> <u>Moberly Mo</u>
	20. FILED <u>4/15</u> 19 <u>34</u> <u>Virginia Baker</u> Registrar (Address) <u>Moberly Mo</u>

Name of operation _____ Date of _____

What test confirmed diagnosis physical 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) Moberly Mo, M. D.

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.

MAR 20 1934

