

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

Do not use this space.

16215

MAY 25 1934

PLACE OF DEATH

County Dade
Township Lockwood,
City Lockwood, Mo. (No. St. Ward)

Registration District No. 238
Primary Registration District No. 5324

File No.
Registered No.

FULL NAME Mary Elizabeth Shea

(a) Residence, No. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24th, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>8</u>	<u>14</u>	<u>14</u>	

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

FATHER 13. NAME John Mangan

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

MOTHER 15. MAIDEN NAME Mary Daton

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

17. INFORMANT John F. Clark
(ADDRESS) Lockwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winfield, Kans. DATE May. 11th, 1934

19. UNDERTAKER Ray Caldwell
(ADDRESS) Lockwood, Mo.

20. FILED 5-9 1934 J. A. Mear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934 to May 8, 1934
First saw her alive on May 8, 1934 Death is said

to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Pulmonary Edema
103
124B/108
958

Date of onset
5/7/34
"
"
"

Other contributory causes of importance:
Pneumatic heart disease
Arterio Sclerosis
Cirrhosis of the liver

Name of operation none 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) Paul E. Gunston, D.O.
(Address) Lockwood 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.

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