Do not use this space. MISSOURI STATE BOARD OF HEALTH AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 163421. PLACE OF DEATH County Gentry Registration District No.... Primary Registration District No. 4/8 5 Township Registered No. Gir Albany 2. FULL NAME. Thomas Robinson Shockley. (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY DIVORCED (write the word) Male White Married HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND** OF (OR) WIFE OF Martha Elizabeth Quigley to have occurred on the date stated above, at 4:50m July 22. 1867 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day,hrs. Date of onset 65 10 or min. 8. Trade, profession, or particular kind of work done, as spinner, N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly cl. 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 11. Total time (years) this occupation (month and spent in this occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) FATHER Lunsford Shocklev 13. NAME Name of operation..... Date of..... Gasconade Co. Missouri What test confirmed diagnosis? Was there an autopsy?..... 14, BIRTHPLACE (CITY OR TOWN).. (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER Clarissa Schooler 15, MAIDEN NAME Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) Unknown 3 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. Miss Jennie Quigley 17. INFORMANT..... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL MACE New Friendship DATE Mav Clifford Brooks If so, specify.....

