

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

Do not use this space.

1. PLACE OF DEATH

County Gasper
Township Goplin
City (No.)

Registration District No. 411
Primary Registration District No. 2002

File No. 17136
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 816 Ohio St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Neil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>no record</u>		
7. AGE YEARS <u>about 72</u>	MONTHS <u>—</u>	DAYS <u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reed Burnt, Indiana</u>		
13. NAME <u>Mary Sherrick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Catherine Shields</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Rosa Hill, Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mem. Church and Co. Gasper, Mo.</u> DATE <u>5/5/34</u>		
19. UNDERTAKER (ADDRESS) <u>Mem. Church and Co. Gasper, Mo.</u>		
20. FILED <u>S-5-1934</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3-1934

22. I HEREBY CERTIFY, That I attended deceased from May 1-1934 to May 3-1934. I last saw h. alive on May 3-1934. Death is said to have occurred on the date stated above, at 4-45 PM. The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 6 hrs.
9:30

Other contributory causes of importance
930

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) A. G. Black, M. D.
(Address) Gasper, 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.

JUN 22 1934

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