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.

AUG 14 1934

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

Do not use this space.

23651

1. PLACE OF DEATH
County Cass — Registration District No. 161 — File No. 2
Township Dayton — Primary Registration District No. 5226 — Registered No. 11
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mollie M. Shomo
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 1854
7. AGE YEARS 80 MONTHS 4 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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) Cooper Co Mo

FATHER
13. NAME Wm. Underwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng

MOTHER
15. MAIDEN NAME Sarah Cary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) W.W. Shomo Garden City, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton Cemetery DATE July 21, 1934
19. UNDERTAKER (ADDRESS) J.M. Kauffman Garden City, Mo.
20. FILED July 21 1934 S.W. Wagner Deputy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to July 20, 1934
I last saw her alive on July 19, 1934. Death is said to have occurred on the date stated above, at 1 30/a m.
The principal cause of death and related causes of importance were as follows:

Uraemia Poisoning — Date of onset July 18/34
92A
132B

Other contributory causes of importance:
Mitral Stenosis one year

Name of operation ..... Date of ..... no
What was 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? no Date of injury no, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo. W. Griffith, M. D.
(Address) Garden City Mo