

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.

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

Do not use this space.

NOV 15 1934

1. PLACE OF DEATH

County Ralls

Township Center

City

(No. ,

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

Goldie Mae Shulse

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

17 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Dorsey D Shulse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 24 1896

7. AGE

YEARS

37

MONTHS

10

DAYS

14

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

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

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Home

10. Date deceased last worked at
this occupation (month, day, and
year)

Oct 8 1934

11. Total time (years)

spent in this
occupation. life

12. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

Ralls County Mo

13. NAME

James A Young

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

Missouri

15. MAIDEN NAME

Dicie Hemderson

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

Missouri

17. INFORMANT

(ADDRESS)

Dorsey D Shulse

Center Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Center Cemtry

DATE Oct 10 1934

19. UNDERTAKER

(ADDRESS)

Piper and Hulse
New London

Center

20. FILED

Oct 10 1934

J. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 8 1934

, 19

22. I HEREBY CERTIFY, That I attended deceased from

no attendance to 1934, 19

I last saw her alive on Oct 8, 19. Death is said

to have occurred on the date stated above, at her home.

The principal cause of death and related causes of importance were as follows:

Found dead, never saw Date of onset

her alive.

Die of natural cause

no violence

100%

200%

Other contributory causes of importance:

none that I know of.

200%

Name of operation none Date of

What test confirmed diagnosis? obviation 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.

Had suspect as being coroner

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? N.O.

If so, specify.

(Signed) Y.M. Monroe, Coroner

(Address) Center, Mo.

