FEB 8 2 1935

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

Do not use this space.

4848

1. PLACE OF DEATH
County Daviess — Registration District No. 232 — File No.
Township — Primary Registration District No. 4152 — Registered No. 37
City Jamesport (No. , St. Ward)

2. FULL NAME Nancy E. Shuler
(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 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 Wm. D. Shuler.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 1866
7. AGE YEARS 68 MONTHS 5 DAYS 1 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.
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) Missouri

FATHER
13. NAME Turner Lunsford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Gordon Shuler Jamesport Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kies Creek DATE Feb 5 1935
19. UNDERTAKER (ADDRESS) O. L. Roberson Jamesport Mo.
20. FILED Feb. 4 1935 Nellie Wiles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1934, to Feb. 3 1935
I last saw her alive on Feb. 3 1935. Death is said to have occurred on the date stated above, at 9 10 p.m.
The principal cause of death and related causes of importance were as follows:
Ulcer of Stomach — Date of onset 12-10-34
Other contributory causes of importance: Insanity
Name of operation Date of
What test confirmed diagnosis? Physical Ex. 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) R. V. Thompson, M. D.
(Address) Jamesport, 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.