

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

Do not use this space.

APR 26 1935

10342

1. PLACE OF DEATH

County St. Francois Registration District No. 273
 Township St. Francois Primary Registration District No. 6018A
 City _____ No. _____ St. _____ Ward _____

File No. _____
 Registered No. 48

2. FULL NAME

Anna E. Shamure
 (a) Residence, No. _____ 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis S. Shamure</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to March 13, 1935

I last saw her alive on March 12, 1935. Death is said to have occurred on the date stated above, at 5:30am.

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

Chronic Myocarditis
Chronic Interstitial Nephritis

Other contributory causes of importance:

Name of operation Curett 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) R. J. Robinson, M. D.

(Address) Garfield Ave

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>
	13. NAME <u>Green Wilson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>
	15. MAIDEN NAME <u>Anna Willcox</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>
	17. INFORMANT <u>Mrs. F. H. Ray</u> (ADDRESS) <u>529 North 37th East St. Louis</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parkeview</u> DATE <u>March 15, 1935</u>	
19. UNDERTAKER <u>C. J. Boyer</u> (ADDRESS) <u>2 Westgate, Mo.</u>	
20. FILED <u>March 15, 1935</u> <u>T. J. Robinson</u> Registrar	

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.

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