

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

Do not use this space.

13593

MAY 15 1935

1. PLACE OF DEATH

County Marion 5 Registration District No. 551
Township Round Grove Primary Registration District No. 5744
City Berkeley (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Berkeley St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1/2 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Scott Shaffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 9

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) Feb. 1, 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helsowille, Mo.

MOTHER FATHER 13. NAME George Bowman

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

15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT Mrs. Will Leach (ADDRESS) Ewing, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ewing, Mo. DATE Apr 27, 1935

19. UNDERTAKER Thos. Ball (ADDRESS) _____

20. FILED 4 29, 1935 J. M. Crebs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/15, 1932 to 2/6, 1935

I last saw him alive on 2/6, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

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

Carcinoma of uterus (found no metastases) Date of onset 4/3/32

Other contributory causes of importance: _____

Name of operation Excision of radical Date of 6/12/32
What test 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 _____, 19____
Where did injury occur? home
(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) O. F. Sherman, M. D.
(Address) Quincy, Ill.

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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