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.

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

Do not use this space.

15961

JUN 19 1935

1. PLACE OF DEATH
County: Cooper
Township:
City: Blackwater (No. ..., 4131 ... St. ... Ward)

Registration District No. 217
Primary Registration District No. 3308

File No.:
Registered No.:

2. FULL NAME: Melvina Shemwell

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22 1854

7. AGE: Years 80 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

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

FATHER
13. NAME: Robert L. Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Adline Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Nancy Lee Wassell, Blackwater Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Lamine DATE: May 21, 1935

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia, Mo.

20. FILED: 5-18, 1935 W. S. Posey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1935 to 5-18, 1935
I last saw her alive on 5-18, 1935. Death is said to have occurred on the date stated above, at 11:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	Nov 1934

Other contributory causes of importance:

Name of operation: X Date of: X
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? No
If so, specify:
(Signed) W. S. Posey, M. D.
(Address) Blackwater, Mo.