

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

Do not use this space.

AUG 13 1935

22358

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township St. Francis Hosp. Registration District No. 3009
City Cape Girardeau (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Artie Missie Shewbert St. _____ Ward warehouse Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. da.

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>W. H. Shewbert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-17-1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>
	DAYS <u>27</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>Domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) <u>"</u>	11. Total time (years) spent in this occupation <u>42</u>

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

13. NAME
Frank Cook

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

15. MAIDEN NAME
Maliska Thomas

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

17. INFORMANT (ADDRESS)
P. D. Shewbert, Silveston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Silveston DATE July 10, 1935

19. UNDERTAKER (ADDRESS)
John Albritton, Silveston Mo.

20. FILED 7 9 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1935

22. I HEREBY CERTIFY That I attended deceased from 7/1, 1935, to 7/9, 1935
I last saw her alive on 7/9, 1935 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Carcinoma of liver
Other contributory causes of importance: None
Name of operation: None Date of _____
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? _____ 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) Arthur, M. D.
(Address) Cape Girardeau 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.

