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.

AUG 22 1935

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

Do not use this space.

25407

1. PLACE OF DEATH

County Warren — Registration District No. 881 — File No.

Township Bridgeport — Primary Registration District No. 6172 — Registered No. 23

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Augusta J. Shearmire,

(a) Residence, No. Jonesburg, Mo. RFD St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John Henry Shearmire,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20th 1862

7. AGE: 72 YEARS — MONTHS: 11 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Waterloo, Ill.

FATHER

13. NAME H. C. Wilhelm Menze,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover, Germany.

MOTHER

15. MAIDEN NAME Frederika Stoehr,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover, Germany.

17. INFORMANT (ADDRESS) Loren Shearmire, Jonesburg, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wright County DATE July 25th 1935

19. UNDERTAKER (ADDRESS) Barton Baker, Americus, Mo.

20. FILED July 27 1935 A. W. Whiting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-23rd 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Chronic Myocarditis	1933
Parenchymatous nephritis	1932
Acute Dilatation	
Rt-Ventricle of Heart	7-23-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab 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) James O. Helm, M. D.

(Address) New Florence Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Do not use this space.

File No.....
Registered No.....

1. PLACE OF DEATH

County: Warren — Registration District No.: 881
Township: Bridgeport — Primary Registration District No.: 6172
City..... (No. ..... St. ..... Ward)

2. FULL NAME Augusta J. Shearmire

(a) Residence, No..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	wd

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	11	3	

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).....

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

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL
PLACE..... DATE..... 19....

19. UNDERTAKER (ADDRESS).....

20. FILED Sept 5, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Parenchymatous nephritis	
Chronic	

Other contributory causes of importance.....

Name of operation..... 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) James A. Helm, M. D.
(Address) New Florence Mo

SEP 4 [illegible]

S-25407