

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.

SEP 25 1935

1. PLACE OF DEATH

County Phelps Registration District No. 677  
 Township Raela Primary Registration District No. 4403  
 City Raela (No. Raela Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 27295  
 Registered No. 85

2. FULL NAME Helen Jessie Shedd

(a) Residence, No. Eminence mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22

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. Housewife  
 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) Missouri

FATHER 13. NAME Mike J. Caylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas, Co. Mo.

MOTHER 15. MAIDEN NAME Nora Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Cora Roberts (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE West Eminence, Mo DATE Aug 30 1935

19. UNDERTAKER Null and Son (ADDRESS) Raela mo

20. FILED Aug 29 1935 Jos. F. Caylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27 1935, to Aug. 29<sup>th</sup> 1935. I last saw him alive on Aug. 29<sup>th</sup> 1935. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Serosis of the liver  
(Possibly from malaria)

Date of onset

Other contributory causes of importance:

Name of operation exploratory 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) Dr. John McFarlane, M. D.  
 (Address) 1914 La Mo.

