

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.

SEP 25 1935

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

Do not use this space.

27309

1. PLACE OF DEATH
County Pike Registration District No. 689
Township ~~Franklin~~ Primary Registration District No. 3033
City Louisiana (No. Rake Co Hospital) Sl. _____ Ward _____

2. FULL NAME SHEAHAN, MRS. Amy D.
(a) Residence, No. Near Bowling Green 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 5 3
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)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wis
13. NAME Frank N. Puffbe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.
15. MAIDEN NAME Beatrice Lowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT James H. Sheahan
(ADDRESS) Bowling Green, Mo.
18. BURIAL, CREMATION, OR REMOVAL Bowling Green Cemetery DATE 8-2-35
19. UNDERTAKER Grace Parkhead
(ADDRESS) Bowling Green Mo.
20. FILED 8-2-35 J. Cherry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-35
22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to August 1, 1935
I last saw her alive on Aug. 1, 1935, 1935. Death is said to have occurred on the date stated above, at 11:40 AM.
The principal cause of death and related causes of importance were as follows:
Acute General Peritonitis 7/24/35
Appendical abscess 7/24/35
Cholelithiasis + Cholecystitis 7
Name of operation Drainage of Gall bladder Date of operation 8/1/35
What test confirmed diagnosis? Smear 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? No
If so, specify _____
(Signed) R. H. Andrae, M. D.
(Address) Louisiana, Mo.

