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.

OCT 30 1935

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

Do not use this space.

31667

PLACE OF DEATH
County: Vernon
Township: Bacon
City: Harwood (No. ..., ... St. ... Ward)

Registration District No. 877
Primary Registration District No. 6165

File No. ...
Registered No. 17

2. FULL NAME: Elizabeth Shively

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Michael Shively

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 26 - 1833

7. AGE: Years 82 | Months 0 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): Moulton Iowa

FATHER
13. NAME: Isaac Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Ill.

MOTHER
15. MAIDEN NAME: Elizabeth Amy Hurdleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Ill.

17. INFORMANT (ADDRESS): Mrs. D. M. Clevenger Harwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Harwood Cemetery DATE: Sept. 6, 1935

19. UNDERTAKER (ADDRESS): A. Waggoner Harwood Mo

20. FILED: Sept 5, 1935 Pearl Peters, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1933 to Sept 4, 1935
I last saw her alive on March 1, 1935. 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
infirmities of old age	
Unknown	

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) Chas A Orr, M. D.
(Address) Harwood Mo