

DEC 28 1935

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

Do not use this space.

38359

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 216
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1916 6 Woolen St. 5 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 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

Harry Shrevesbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Keeper

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) Nevada (STATE OR COUNTRY) Missouri

13. NAME John Young

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Sarah Black

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Illinois

17. INFORMANT Harry Shrevesbury (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Moore Cemetery DATE Nov 29 1935

19. UNDERTAKER Harry Funeral Home (ADDRESS) Nevada Mo

20. FILED Nov 28 1935 M. Cushing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1935

22. I HEREBY CERTIFY that I attended deceased from Oct 30 1935 to Nov 26 1935

I last saw him alive on Nov 26 1935 Death is said

to have occurred on the date stated above, at 3:15 p.m.

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

Cancer of Liver

Date of onset Oct 1935

Other contributory causes of importance: NO

Name of operation None 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? no

If so, specify _____

(Signed) [Signature], M. D.

(Address) Nevada 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.

