

APR 15 1936

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

Miss Gladys Overman Smith  
mildred  
Do not use this space.  
Star Route  
126-1

1. PLACE OF DEATH  
County Barton Co Registration District No. 46  
Township Nashville Primary Registration District No. 5069  
City Liberal R.R. #2 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Mary Alice Shopbell  
(a) Residence, No. Liberal R.R. #2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 71 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 Jacob Shopbell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 - 1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 10 4  
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. None  
10. Date deceased last worked at this occupation (month and year) June, 1935 11. Total time (years) spent in this occupation 60  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Pleasant Iowa  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) Mo Bell Overman Liberal Mo - R.R. #2  
18. BURIAL, CREMATION, OR REMOVAL PLACE Sanitia MO DATE Jan 28 - 1936  
19. UNDERTAKER (ADDRESS) Benjamin 3459 Pittsburg Mo.  
20. FILED Apr 1 1936 Gladys Overman Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1936  
22. I HEREBY CERTIFY That I attended deceased from Jan 22 1936 to Jan 26 1936  
I last saw her alive on Jan 26 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 0  
Name of operation Blocking of left lung 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? 0 Date of injury 0, 1936  
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 0  
Nature of injury 0  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) A. J. Eddleman, M. D.  
(Address) Liberal 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.

