

FEB 20 1936

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

Do not use this space.

2573

1. PLACE OF DEATH

County Ralls
Township Center
City _____ (No. _____)Registration District No. 725-
Primary Registration District No. 3-95-6File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Shulse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10-1861</u>		
7. AGE <u>75</u>	YEARS <u>12</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		11. Total time (years) spent in this occupation _____
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) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls co mo</u>		
13. NAME <u>On the Whitney Couch.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Amanda Marshall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT <u>Maggie Brooks</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olney</u> DATE <u>Jan 24</u> 1936		
19. UNDERTAKER <u>W. H. Couch</u> (ADDRESS) <u>Center mo</u>		
20. FILED <u>Jan 24</u> 1936 <u>J. T. Howard</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 22</u> 1936
22. I HEREBY CERTIFY, That I attended deceased from <u>May 16</u> 1935, to <u>Jan 22</u> 1936 I last saw him alive on <u>Jan 18</u> 1936. Death is said to have occurred on the date stated above, at <u>6:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of the right chest.</u> Date of onset <u>Approx. 2 yrs</u> Other contributory causes of importance: <u>None known</u> Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u> 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? <u>No</u> If so, specify _____ (Signed) <u>Dr. C. H. Brooks</u> M.D. (Address) <u>Center, Mo.</u>

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