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.

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

MAR 23 1936

Do not use this space.

6661

1. PLACE OF DEATH

County Pine — Registration District No. 496 — File No.

Township — Primary Registration District No. 3025 — Registered No. 12

City Brookfield (No. , Hospital St. Ward)

2. FULL NAME Elna Mae Shaul

(a) Residence, No. near Bhula, mo. 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: T
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: Cecil Shaul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3 - 1910

7. AGE: YEARS 25 — MONTHS 9 — DAYS 0 — 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): Livingston Co, mo.

FATHER

13. NAME: Henry Eckert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co, mo.

MOTHER

15. MAIDEN NAME: Etta Paul
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Cecil Shaul, Bhula mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olive cem. DATE: Feb. 6 1936

19. UNDERTAKER (ADDRESS): E. J. Robertson, Laredo, mo.

20. FILED: March 9 1936 J. Shucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936, to Feb 3, 1936

I last saw her alive on Feb 2, 1936 Death is said to have occurred on the date stated above, at 2-30 a.m.

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

Peritonitis — Date of onset

1420

Other contributory causes of importance:
Ectopic pregnancy
Salpingitis

Name of operation: Salpingectomy — Date of: Jan 27 '36

What test confirmed diagnosis? — 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) J. R. Dixon, M. D.
(Address) Linneus, Mo.