

APR 13 1936

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

Do not use this space.

9733

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Southern Primary Registration District No. 5243
City (No.) St. Ward

File No.
Registered No. 21

2. FULL NAME

Hollie M. Sheaves

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Sheaves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 17 - 1890

7. AGE YEARS 45 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

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. home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5 1936 to March 13 1936
I last saw h. ee. alive on March 12 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
Broncho pneumonia following influenza

Date of onset 3-5-36

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER

13. NAME Gilbert Cloyde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ma B. Warhurst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Elmer Sheaves (ADDRESS) Salisbury Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Asbury Cemetery DATE 3/15 1936

19. UNDERTAKER Brook W. Entelmeier (ADDRESS) Salisbury Mo

20. FILED 3-16 1936 Registrar

Name of operation None Date of
What test confirmed diagnosis? Element 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. L. Williams, M. D.
(Address) Salisbury 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PM