

APR 10 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13872

1. PLACE OF DEATH

County WORTH
 Township MIDDLEFORK
 City WORTH

Registration District No. 1412
 Primary Registration District No. 6213

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

2. FULL NAME

ELLA SHUSTER

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

5A. If MARRIED, WIDOWED, OR DIVORCED
 HUSBAND or (OR) WIFE of

J.M. SHUSTER

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 18, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 22 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HWF

(b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) ANDREW CO10. NAME OF FATHER JAS. MAXWELL

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) CUNNINGHAM

12. MAIDEN NAME OF MOTHER MATILDA

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) —

14. INFORMANT J.M. SHUSTER
 (Address) WORTH

15. FILED 47 1936 2nd Mull M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAR 11 1936

17. I HEREBY CERTIFY, That I attended deceased from MAR 10, 1936 to MAR 11, 1936
 that I last saw her alive on MAR 11, 1936 and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

TUBERCULOSIS OF LUNGS

CONTRIBUTORY
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? — DATE OF _____WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thos F Fay

, 19 _____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

PRAIRIE CHAPELMAR 13, 1936

20. UNDERTAKER

ADDRESS

ANDREW BROSWORTH

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

