

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

Do not use this space.

APR 27 1936

18325

1. PLACE OF DEATH

County Vernon
Township Washington
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 100
St. _____ Ward _____

2. FULL NAME

Shuart, Samantha
(a) Residence, No. State Hospital No. 3, Nevada Mo Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Shuart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1865

7. AGE YEARS 71 MONTHS 1 DAYS 18 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) Mountain Home Arkansas

FATHER 13. NAME Bruce Boyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Lucindy Hulsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) George Shuart, Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Lane DATE Apr 10 1936

19. UNDERTAKER (ADDRESS) Hulbert Joplin

20. FILED Apr 8 1936 McEichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to April 8, 1936
I last saw her alive on April 7, 1936 Death is said to have occurred on the date stated above, at 4:35 m.
The principal cause of death and related causes of importance were as follows:

Acute myocardial failure
930
Date of onset 4-8-36

Other contributory causes of importance:
Generalized arteriosclerosis
Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Roy W. Pearce M. D.
(Address) State Hospital No. 3, Nevada 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.

