

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1936

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township
City Ashland, Mo (No.)

Registration District No. 71
Primary Registration District No. 540A

File No. 18521
Registered No.
St. Ward)

2. FULL NAME

Alize Mae Sheeklesworth
(a) Residence, No. Ashland 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Ed Sheeklesworth.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Mc Bain, Mo
(STATE OR COUNTRY) Bone Co.

13. NAME Wm V Bladane

14. BIRTHPLACE (CITY OR TOWN) Bone Co.
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Ed Sheeklesworth
(ADDRESS) Katshurg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bond Chapel DATE May 9 1936

19. UNDERTAKER Buecher Funeral Home
(ADDRESS) Jefferson City Mo.

20. FILED June 11, 1936 Mable S. Nichols
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to May 8, 1936
I last saw her alive on May 8, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Coronary Occlusion
Other contributory causes of importance:
Diabetes

Name of operation 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? 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) H. B. Butler, M. D.
(Address) Ashland Mo.

