

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

Do not use this space.

23762

AUG 27 1936

1. PLACE OF DEATH

County Pemiscot
Township Battle
City P. P. Postageville (No. _____)

Registration District No. 114
Primary Registration District No. 5867

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Betty J Shaffer

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 - 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

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) P. P. Postageville Mo

FATHER

13. NAME Thomas Shaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

MOTHER

15. MAIDEN NAME Estelle Sanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Tenn

17. INFORMANT (ADDRESS) J. Sanford Postageville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Bayou cem DATE 6/20 1936

19. UNDERTAKER (ADDRESS) J. La Forge Canthessville Mo

20. FILED 7-10 1936 May W. Coker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936, to 6/19 1936. I last saw her alive on 6/19 1936. Death is said to have occurred on the date stated above, at 12 m.

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

Colitis

Other contributory causes of importance:

WMB

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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? _____

If so, specify _____

(Signed) H. J. Kelly, M. D.

(Address) Postageville 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.

