

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.

OCT 21 1936

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

Do not use this space.

34107

1. PLACE OF DEATH

County SentryRegistration District No. 309Township AlbanyPrimary Registration District No. 4185City Albany (No.)File No. 68Registered No. 68St. Ward

2. FULL NAME

Mattie E. Shockley(a) Residence, No. 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas R. Shockley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7 1863</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>5</u>
	DAYS <u>7</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Sentry County
(STATE OR COUNTRY) Missouri13. NAME James Quigley14. BIRTHPLACE (CITY OR TOWN) Martinsburg
(STATE OR COUNTRY) Ind.15. MAIDEN NAME Eliza M. Nelson16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ind.17. INFORMANT Miss Jennie Quigley
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Franklin DATE Sept 16 193619. UNDERTAKER Clifford Brooks
(ADDRESS) Albany, Mo.20. FILED Sept 15 1936 W. H. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 193622. I HEREBY CERTIFY, that I attended deceased from 9-7-, 1936, to 9-9-, 1936I last saw her alive on 9-9-, 1936 Death is saidto have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:Arterial Hypertension Date of onset 1931

Other contributory causes of importance:

Basal Brain Hemorrhage 9-9-36Name of operation Date of What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury , 19 Where did injury occur? 0 (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? noIf so, specify (Signed) Frank H. Rose, M. D.(Address) Albany, Mo.

