

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.

OCT 21 1936

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

Do not use this space.

35296

1. PLACE OF DEATH

County Putnam
Township
City

Registration District No. 1919
Primary Registration District No. 5-950

File No. 26
Registered No.
St. Ward

2. FULL NAME

Cora Etta Shipley

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F — W — W —

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Shipley

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1862

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 11 16

OCCUPATION 9. Trade, profession, or particular kind of work done, as splinter sawyer, bookkeeper, etc. Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Putnam Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME James L. Casady

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary J. Carter

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

17. INFORMANT Olive Whitworth (ADDRESS) Worthington Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ross DATE Sept. 28 1936

19. UNDERTAKER T. H. Huston (ADDRESS) Unionville Mo.

20. FILED Sept 27 1936 D. C. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to Aug 11 1936
I last saw her alive on Aug 11 1936 Death is said to have occurred on the date stated above, at m.

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

Hemorrhage from lungs Date of onset

23

Other contributory causes of importance: Pulmonary Tuberculosis

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, 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? If so, specify.
(Signed) Dr. C. A. Thomas, M. D.
(Address) Worthington Mo.

