

DEC. 4 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Shelby
 Township Black Creek
 City Shelbyville (No. _____)

Registration District No. 831
 Primary Registration District No. 4504

File No. 40079
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-3-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 11 25

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) Shelby County (STATE OR COUNTRY) Mo.

13. NAME Solomon Miller

14. BIRTHPLACE (CITY OR TOWN) Mitchell (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Jane Tolliver

16. BIRTHPLACE (CITY OR TOWN) Atkins (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Elsie Spicer (ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Dale Cemetery DATE Oct-31-1936

19. UNDERTAKER E. P. Thompson (ADDRESS) Shelbyville, Mo.

20. FILED Oct 31, 1936 Pearl Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29-1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1936, to Oct 29, 1936.
 I last saw her alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Myocarditis Chronic Cholecystitis Unknown
058

Other contributory causes of importance:

Chronic Cholecystitis Unknown

Name of operation None Date of _____What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) H. J. Lefterich, M. D.(Address) Shelbyville, 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.

