

DEC 18 1936

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

Do not use this space.

1. PLACE OF BIRTH

County Barry Registration District No. 99
Township Mineral Spring Primary Registration District No. 5039
City Barry No. 10 St. Barry Ward 1

File No. 40290
Registered No. 73

2. FULL NAME

(a) Residence, No. Elizabeth Shirley St. Barry Ward 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. ~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1850

7. AGE YEARS 86 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Kentucky

13. NAME Blevins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OTC Daphn

15. MAIDEN NAME OTC

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

17. INFORMANT Lee Sargent
(ADDRESS) Cassville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Snider DATE Nov. 24 1936

19. UNDERTAKER Horint Culver
(ADDRESS) Cassville, Mo.

20. FILED 12-10 1936 904 W. Numa
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1936 to Nov. 16 1936.

I last saw her alive on Nov. 16 1936 Death is said to have occurred on the date stated above, at 4 P. M.

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

Chronic Nephritis Date of onset

Other contributory causes of importance:

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 Lee Sargent, M. D.
(Signed) Cassville Mo.
(Address)

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.

