

DEC 30 1936

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

Do not use this space.

43755

1. PLACE OF DEATH

County Pollinger Registration District No. 69 File No. _____
Township Wayne Primary Registration District No. 5107 Registered No. _____
City Greenbrier Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Matilda Ann Shrum

(a) Residence No. _____ St. _____ Ward _____ (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 20th 1936

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 20, 1936 that I last saw her alive on Dec 20, 1936, and that death occurred, on the date stated above, at 5 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 12th 1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8

Broncho Pneumonia
both lungs present
a case of 4th
(duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Horse keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Pollinger Co
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. J. Thomas, M. D., 19 (Address) Puxied Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plain View near Marblehill DATE OF BURIAL Dec 21st 1936

20. UNDERTAKER Baker Funeral Home ADDRESS Interville

14. INFORMANT J. F. Walker
(Address) Greenbrier Mo.

15. FILED Dec 26 Miss A. Benz REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly understood.

