

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

Do not use this space.

47316

JAN 21 1937

1. PLACE OF DEATH

County Shelby
Township Salt River
City Shelbina Mo.

Registration District No. 830
Primary Registration District No. 4503

File No. _____
Registered No. 52
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Shelbina 770 St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1936

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Howard Eruja

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1936, to Dec. 4 1936

I last saw her alive on Dec. 4 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9th 1855

to have occurred on the date stated above, at 7:15 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 8 25

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

Cardiac pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

complicated by Myocarditis

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shenandoah Geo.

13. NAME Henry J. Suider

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

What test confirmed diagnosis clinical Was there an autopsy No.

15. MAIDEN NAME Sara Utty

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

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

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

17. INFORMANT Mrs. Laura Suider

(ADDRESS) Palmyra Geo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Cemetery DATE Dec. 7 1936

19. UNDERTAKER William R. Burkhead

(ADDRESS) Shelbina Mo.

20. FILED Dec. 7 1936 Mrs. R. H. Walker Registrar.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) J. G. Furnish, M. D.

(Address) Shelbina, Missouri

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.

1938

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1. PLACE OF DEATH

County Shelby Registration District No. 630 File No. _____
 Township _____ Primary Registration District No. 4503 Registered No. 32
 City Shelbina (No. _____) St. _____ Ward _____

2. FULL NAME

Rosa Belle Emma
 (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

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS)

20. FILED Dec. 7 19 1936 W. H. Wailes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw him/her on _____ 19____. 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:

Cardiac Pneumonia complicated by myocarditis
 Date of onset _____

Other contributory causes of importance:
This lung condition was secondary to Myocarditis as given.

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) J. H. Furnish, M. D.
 (Address) Shelbina Mo

SUPPLEMENT

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.

S-47315