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.

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

APR 25 1936

Do not use this space.

1. PLACE OF DEATH

County Livingston, Registration District No. 516 File No. 47932

Township Wheeling, Primary Registration District No. 5682 Registered No. 6

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Vanda Marie Shafer,

(a) Residence, No. Wheeling Mo. 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: Femalee
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st 1936

7. AGE: YEARS - MONTHS - DAYS - If LESS than 1 day, 40 hrs. Still min.

OCCUPATION

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

FATHER

13. NAME Chas. W. Shafer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Supply Okla,

MOTHER

15. MAIDEN NAME Edith Switzer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling, Mo.

17. INFORMANT (ADDRESS) Mrs Chas Shafer Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeling, Mo. DATE Mch. 2nd 1936

19. UNDERTAKER (ADDRESS) Smiley Funeral Home. Wheeling, Mo

20. FILED 3/2 1936 W A Swope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 Not See her, 19....

I last saw h..... alive on alive, 19..... Death is said to have occurred on the date stated above, at 10.50 p.m.

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

	Date of onset
Still Birth	3/1/36

Other contributory causes of importance:

Name of operation Forsepts Date of Mch 1/36

What test confirmed diagnosis? Red Side 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? No

If so, specify

(Signed) W A Swope, M. D.

(Address) Wheeling Mo