FEB 16 1937

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

Do not use this space.

706

1. PLACE OF DEATH
County: Cole
Township: Jefferson
City: ..... No. ..... St. ..... Ward)
Registration District No. 213
Primary Registration District No. 5293
File No.
Registered No. 28

2. FULL NAME: Ella Josephine Schackleford
(a) Residence, No. 626 Jefferson St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~: HUSBAND OF (OR) WIFE OF: Thomas Schackleford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 4-1869
7. AGE: Years 67 Months 8 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: at home
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): Miller Co Mo

FATHER
13. NAME: Dan Prince
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Angus Schackleford 626 Jefferson St
18. BURIAL, CREMATION, OR REMOVAL: New City PLACE ..... DATE Jan 12 1937
19. UNDERTAKER (ADDRESS): Dawson & Sammon JC Mo
20. FILED 1/13/ 1937 R. V. Hedgecorth M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10 1937
22. I HEREBY CERTIFY, That I attended deceased from January 6 1937, to January 10 1937, that I last saw her alive on January 8 1937. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	
Lobar pneumonia	

Other contributory causes of importance: chronic Pericarditis

Name of operation: X Date of: X
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 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: X
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) James Stewart M. D.
(Address) 626 Jefferson St

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.

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