

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

Do not use this space.

FEB 28 1937

1. PLACE OF DEATH
County Peke Registration District No. 689
Township _____ Primary Registration District No. 3093
City Louisciana (No. 1016 Texas) St. _____ (Ward) _____
2. FULL NAME Rosa Shields
(a) Residence, No. 1016 Texas 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.

File No. 2697
Registered No. _____
St. _____ (Ward) _____

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 Martin E Shields
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/70
7. AGE YEARS 66 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Knox Co Mo

13. NAME Gas. Hoffman

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

15. MAIDEN NAME Sarah A Rector

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

17. INFORMANT (ADDRESS) G Hoffman Rutledge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony Knox Mo DATE 1/26 37

19. UNDERTAKER (ADDRESS) Gas Bailey Rutledge Mo

20. FILED 925 37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937 to Jan 25 1937
last saw her alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 3:00 am m.
The principal cause of death and related causes of importance were as follows:
Influenza

Other contributory causes of importance: _____
Date of onset: _____

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 Dewellton, M. D.
(Address) Louisciana Mo

