

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

Do not use this space.

FEB 19 1937

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 2710
 Township Primary Registration District No. 3034 Registered No. 11
 City Moberly (No. 323 Hagood) St. Ward

2. FULL NAME

Katherine Short
 (a) Residence, No. 323 Hagood 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6th 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 7

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

FATHER 13. NAME John Sours

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

MOTHER 15. MAIDEN NAME Katherine McCabe

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

17. INFORMANT (ADDRESS) Mrs. B. Staley Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE 1-16th 1937

19. UNDERTAKER (ADDRESS) Mohan and Son Moberly Mo

20. FILED 1/16 19 37 Original Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Jan. 13th 1937

I last saw her alive on Jan 13th 1937, 19 Death is said to have occurred on the date stated above, at 11²⁵ a.m.

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

Chronic myocarditis Date of onset 1935

Other contributory causes of importance: Hypertension
Diabetes
Obesity

Name of operation No Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) , M. D.
Moberly, Mo

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.

