

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.

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Sullivan Registration District No. 852 File No. 9155  
Township Duncan Primary Registration District No. 6121 Registered No. \_\_\_\_\_  
City Reynolds (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Julia Eligo Shipley  
(a) Residence, No. \_\_\_\_\_ 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>wid</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____                                |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 4 1862</u>   |  |   |
| 7. AGE YEARS<br><u>74</u>   | MONTHS<br><u>10</u>  | DAYS<br><u>3</u>  |
| IF LESS than 1 day, _____ hrs. or _____ min.  |  |   |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>housewidow</u> | 11. Total time (years) spent in this occupation _____                   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Farming</u>             |   |
|   | 10. Date deceased last worked at this occupation (month and year) _____  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co. Mo.</u>                          |  |   |
| FATHER  | 13. NAME <u>John Hallon</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>   |   |
| MOTHER  | 15. MAIDEN NAME <u>Adaline Hoskins</u>   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>   |   |
| 17. INFORMANT <u>Truman Shephard</u><br>(ADDRESS) <u>Reynolds Mo</u>                              |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Henry County, (Reynolds)</u> DATE <u>Feb 8 1937</u> |  |   |
| 19. UNDERTAKER <u>R. T. Payne &amp; Son</u><br>(ADDRESS) <u>Salt Mo</u>                           |  |   |
| 20. FILED <u>Mar 6 1937</u> <u>Leo Hagan</u><br>Registrar.  |  |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1936 to Feb. 7 1937  
I last saw her alive on Dec. 8 1936 Death is said to have occurred on the date stated above, at 11:40 a. m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. S. Montgomery, M. D.  
(Address) Missouri Mo.

Date of certificate  
not shown

