MAY 28 1937

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

Do not use this space.

17016

File No.
Registered No. 10

1. PLACE OF DEATH
County Monroe
Township
City Monroe City (No. , St. Ward)

Registration District No. 581
Primary Registration District No. 4343

2. FULL NAME Julia Etta Shearman.
(a) Residence, No. 113 Third St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. E. Shearman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 24-1859

7. AGE: Years 78 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

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. None
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) Marion Co Mo

FATHER
13. NAME Adam C. Helton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

MOTHER
15. MAIDEN NAME Mary Clark.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo.

17. INFORMANT Manona B. Shearman
(ADDRESS) 113 Third St. Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Judes Cemet DATE April 21 1937

19. UNDERTAKER Wilson + Son
(ADDRESS) Monroe City Mo.

20. FILED 4/20 1937 W. D. Pipkin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to April 18 1937
I last saw h. alive on Apr 18 1937. Death is said to have occurred on the date stated above, at 8 25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Mitral Insufficiency	1907

Name of operation None Date of
What test confirmed diagnosis? Physical Findings 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) John H. Cobb, M. D.
(Address) Monroe City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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