CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Saline
Township: Arrow Rock
City: (No. , St. Ward)

Registration District No. 7924035
Primary Registration District No. 4473

File No. 17673
Registered No.

2. FULL NAME: Nellie Maud Murphey Shannon

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: William B. Shannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 23, 1888

7. AGE: YEARS 48 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Saline county Missouri

FATHER
13. NAME: George Lindsey Murphey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Minnie Lambert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): William B. Shannon Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nelson, Mo. DATE: April 7, 1937

19. UNDERTAKER (ADDRESS): R. W. Campbell Marshall, Mo.

20. FILED: 4-20 1937 C. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1936, to Apr 4th, 1937
I last saw her alive on Apr 4, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Aortic Aneurism

Date of onset

Other contributory causes of importance:

Name of operation: 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?
If so, specify
(Signed) R. W. Stouffer, M. D.
(Address) Nelson Mo.