

JUN 12 1937 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis**, (No. **5026 Winona St.**) St. _____ (Ward)

File No. **18247**
 Registered No. **4823**

2. FULL NAME **Mary Shipley**

(a) Residence, No. **5026 Winona St.** St. **14** 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) **Don't Know**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Don't Know**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 11, 1860**

7. AGE YEARS **76** MONTHS **6** DAYS **29** If LESS than 1 day, _____ hrs. or _____ min.

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) **Iowa**

13. NAME **John Shipley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

17. INFORMANT (ADDRESS) **John Shipley 5026 Winona St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Kansas City Mo.** DATE **Apr. 10, 1937**

19. UNDERTAKER (ADDRESS) **J. H. Ripken and W. Co. 2842 LeRamec St.**

20. FILED **MAY 11 1937** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **April 10, 1937** to **April 10, 1937**

I last saw h.e.r. alive on **April 10, 1937** Death is said to have occurred on the date stated above, at **5:30 a.m.**

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

Coronary Thrombosis
Chronic Myocarditis
Arteriosclerosis

Date of onset
4-10-37
1932
1932

Other contributory causes of importance:

Diabetes **59**

1932

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? **No**

If so, specify _____ (Signed) **Francis D. Weir**, M. D.

(Address) **3831 So. Kingshighway**

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.

I 20314

