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.

JUN 16 1937

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

Do not use this space.

19299

File No.
Registered No.

1. PLACE OF DEATH
County Andrew, Registration District No. 13
Township Primary Registration District No. 4010
City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Mary Shortley

(a) Residence, No. St., Ward. Dakota City, Nebr.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Richard Shortley,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	86	7	22	

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) Unknown,
(STATE OR COUNTRY) Canada,

FATHER
13. NAME George Richardson,
14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,

MOTHER
15. MAIDEN NAME Agnes Hunter,
16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Scotland,

17. INFORMANT William Shortley
(ADDRESS) Dakota City, Nebr.

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Dakota City, Nebr DATE May 28th, 1937

19. UNDERTAKER Frank A. Bowman
(ADDRESS) Savannah, Mo.

20. FILED May 27, 1937 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to May 27, 1937, I last saw her alive on May 27, 1937. Death is said to have occurred on the date stated above, at 6:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobular Pneumonia	5/20/37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Typical Was there 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) S. E. Methney, M. D.
(Address) Savannah, Mo