

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 120

File No. 19682

Township

Primary Registration District No. 3009

Registered No. 163

City Cape Girardeau (No.)

226 Canal House Square

Ward

2. FULL NAME

(a) Residence, No. 226 Canal House Square

Ward.

(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

Male

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

Mrs. Amelia Shirley

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

Oct. 17, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

7

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Proprietor

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)

Canal County, Mo.

FATHER

13. NAME

Rev. Marcus Shirley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indianan

MOTHER

15. MAIDEN NAME

Myra Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

Mrs. Amelia Shirley
Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

South Cent.

mandeville Mo.
Date May 24, 1937

19. UNDERTAKER (ADDRESS)

Harcy's Funeral Home
Cape Girardeau, Mo.

20. FILED

21, 1937

J. M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from MAY 21, 1937 to MAY 21, 1937.

I last saw him alive on MAY 21, 1937. Death is said

to have occurred on the date stated above, at 2:35 A.M.

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

1. Coronary Sclerosis
2. Myocarditis, Chronic
interstitial secondary to #1
3. Arterio-sclerosis, general
senescent

Date of onset

Other contributory causes of importance:

Name of operation

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) Joseph P. Russell M. D.

(Address) Cape Girardeau, Mo.
230 N. Middle St.

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

