

JUL 26 1937

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

Do not use this space.

23070

1. PLACE OF DEATH
 4 County Audrain Registration District No. 26 File No. 23070
 Township Salt-river Primary Registration District No. 3002 Registered No. 58
 4 City Mexico, Mo (No. 27) St. _____ Ward _____
 2. FULL NAME Emma Shivers
 (a) Residence, No. 816 Curtis St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Shivers

22. I HEREBY CERTIFY, That I attended deceased from 6-26-1937 to 6-28-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1865

I last saw her alive on 6-27-1937, 1937 Death is said to have occurred on the date stated above, at 9A m.

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
<u>71</u>	<u>11</u>	<u>6</u>		

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

Cancer of spine undetermined Date of onset _____

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: sh. impediments

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway

Name of operation _____ Date of _____

13. NAME Tom Wright

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Mary Prior

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Minnie Tucker Mexico, Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico, Mo DATE 07-14-37

Nature of injury _____

19. UNDERTAKER A. I. Reynolds Mexico, Mo

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED June 30 1937 Blanche Keely Registrar

If so, specify (Signed) A. I. Reynolds M. D.
 (Address) Mexico, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUS OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

