

JUL 27 1937

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

Do not use this space.

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23542

1. PLACE OF DEATH

County Cooper
Township
City Boonville, Mo.

Registration District No. 218
Primary Registration District No. 3015
(No. St. Joseph Hospital)

File No. 23542
Registered No. 48
St. _____ Ward _____

2. FULL NAME Lovina Shepman Engle

(a) Residence, No. R. 1 Glasgow, Mo. St. _____ Ward R. 1, Glasgow, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? 0 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 20 . 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Engle (husband)

22. I HEREBY CERTIFY, That I attended deceased from 2 p.m. 6-20, 1937, to 4:30 p.m. 6-20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1883

I last saw her alive on 6 - 20, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 4 20

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

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

Rectal Hemorrhage
Cardiac Decompensation

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 35 1/2

Other contributory causes of importance:
Hypertensive Heart Disease
Obesity
Diabetes Mellitus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Green, Mo.

13. NAME Charles Shepman

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

15. MAIDEN NAME Barbara Luina Shepman

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

17. INFORMANT George Engle
(ADDRESS) Forest Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo. DATE June 22, 1937

19. UNDERTAKER (ADDRESS) Walker, Lindsey
Glasgow, Mo.

20. FILED June 30, 1937 Cooper Registrar.

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.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) A. E. va Ramey, M. D.
(Address) Boonville Mo

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

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