

JUL 29 1937

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

Do not use this space.

24118

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No. 53
Registered No.
St. Ward)

2. FULL NAME Lucy Shidy

(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70

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) St. Louis, Mo.

13. NAME Wm. E. Shidy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Penn.

15. MAIDEN NAME Jennie Kennedy

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

17. INFORMANT Miss Mary Shidy,
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE June 23, 1937 Lexington, Mo.

19. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.

20. FILED June 23, 1937 Fay B. Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 12 to June 21, 1937

I last saw him alive on June 21, 1937 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Cerebral Apoplexy
retrograde
Other contributory causes of importance: retrograde

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?.....

If so, specify (Signed) W. E. Winkler, M. D.

(Address) Lexington, Mo.

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.

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