

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.

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

Do not use this space.

AUG 18 1937

26517

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001City Kirkville(No. Laughlin Hospital)

File No.

Registered No. 145

St.

Ward)

2. FULL NAME Olah Naomi Shubert(a) Residence, No. 404 W. Hickory St. 2 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leslie Shubert6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-18907. AGE YEARS 47 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Kidessville (STATE OR COUNTRY) Missouri13. NAME James T. Barnett14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)15. MAIDEN NAME Luene Allred16. BIRTHPLACE (CITY OR TOWN) Calchester (STATE OR COUNTRY) Illinois17. INFORMANT Leslie Shubert (ADDRESS) Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill DATE July 4, 193719. UNDERTAKER DuKiley Funeral Home (ADDRESS) Kirkville Mo.20. FILED July 7, 1937 Spencer L. Meeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 193722. I HEREBY CERTIFY, That I attended deceased from June 14, 1937, to July 2, 1937I last saw her alive on July 2, 1937 Death is saidto have occurred on the date stated above, at 2:50 p. m.

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

Date of onset

Peritonitis
540

Other contributory causes of importance:

Septicemia
Fibroid tumor of uterus

Name of operation Hysterectomy Date of June 15, 1937What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) M. W. Laughlin, M.D.(Address) Kirkville Mo.

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