

AUG 24 1937

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

Do not use this space.

27547

1. PLACE OF DEATH

County Jasper
Township JOBLIN
City Webb City (No. 716 N. HALL ST. St. _____ Ward)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 79

2. FULL NAME

Miss Jennie Shuey
(a) Residence, No. 716 N. Hall St., _____ Ward.

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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1862

7. AGE YEARS 74 MONTHS 10 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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) Dallas (STATE OR COUNTRY) Texas

13. NAME Robert Cunningham

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Laugel (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion Cem DATE Aug 2, 1937

19. UNDERTAKER Webb City Co. (ADDRESS) Webb City, Mo.

20. FILED AUG. 2, 1937 W. B. Schett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY That I attended deceased from JULY 9, 1937, 19____, to JULY 31, 1937, 19____.

I last saw her alive on JULY 27, 1937, 19____. Death is said to have occurred on the date stated above, at 5:10 a.m.

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

CARCINOMA; UTERUS;

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? CLINICAL Was there an autopsy NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? V Date of injury _____, 19____. Where did injury occur? V (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury V Nature of injury V

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

(Signed) W. B. Schett, M. D. (Address) WEBB CITY, MISSOURI

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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