

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Rensselaers
Township East Central
City Shelley mo

Registration District No. 054
Primary Registration District No. 5499A

File No. 28186
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emily Stucklin
(a) Residence, No. Shelley mo 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-18-44

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 19

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

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) _____

13. NAME Nelson Hawk

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

15. MAIDEN NAME Sarah Jane Mearns

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

17. INFORMANT Hester Halmer (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Aug 3 1937

19. UNDERTAKER Homer Dickson (ADDRESS) Shelley mo

20. FILED Aug 3 1937 Miss Ina Tolson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to July 1, 1937

I last saw her alive on July 1, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Senile Rheumatism

Date of onset

Other contributory causes of importance: 56

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? 0 Date of injury 0, 19____

Where did injury occur? 0 (Specify city or town, county, and State)

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

Manner of injury 0

Nature of injury 0

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

If so, specify _____

(Signed) J. L. Mincher, M. D.

(Address) Wilmington 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.

