Mo Ph.

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 30249

Township — Primary Registration District No. 3007 — Registered No. 205

City Poplar Bluff (No. 427, Harper St. St. Ward)

2. FULL NAME Jane Shy

(a) Residence, No. 427 Harper St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1861

7. AGE: About 76 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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): New Madrid Missouri

FATHER

13. NAME: Henry Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Martha Cherry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Missouri

17. INFORMANT (ADDRESS): Sam Robinson Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL: City Cemetery
PLACE Poplar Bluff, Mo. DATE Aug. 27 1937

19. UNDERTAKER (ADDRESS): Frank Und. Co. Poplar Bluff, Mo.

20. FILED 8/27 1937 O. Clutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Aug. 25, 1937
I last saw her alive on Aug. 25, 1937 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation None 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? No Date of injury ..., 19...
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. [illegible], M. D.
(Address) Poplar Bluff Mo.

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.