

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 Cpae  
Township  
City Cape Girardeau Mo.

Registration District No. 125  
Primary Registration District No. 3009

File No. 30311  
Registered No. 239  
St. 177 Ward

## 2. FULL NAME

Norman Joyce Shackles

(a) Residence, No. St. Francis Hosp. 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*) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Chaffee Mo.

FATHER  
13. NAME Vergel Shackles  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockview Mo.

MOTHER  
15. MAIDEN NAME Delpha Hunsacker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutesville Mo.

17. INFORMANT Vergel Shackles  
(ADDRESS) Chaffee Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE U. P. Cem. Chaffee Aug. 4 1937

19. UNDERTAKER Stubbs Funeral Home  
(ADDRESS) Chaffee Missouri

20. FILED 8 - 2 - 37 J.M. Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1937

22. I HEREBY CERTIFY That I attended deceased from July 31, 1937, to Aug 2, 1937

I first saw her alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Other contributory causes of importance:  
Whooping cough  
Enterocolitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 3

24. Was disease or injury in any way related to occupation of deceased? ..... f.....  
If so, specify

(Signed) Mabel M. DeLegene M. D. O.  
(Address) Chaffee - Mo.

Date of onset

July 311937July 311937

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.

WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

