

NOV 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Falk  
Township Marion  
City Balsam (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 701  
Primary Registration District No. 5930

File No. 38531  
Registered No. 58

## 2. FULL NAME

Annie Lee Shiner  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1871  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 2 0  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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.

5A. MARRIED, WIDOWED, OR DIVORCED Richard Shiner  
(OR) WIFE OF

12. BIRTHPLACE (CITY OR TOWN) Falk County, Mo.  
(STATE OR COUNTRY)  
13. NAME Filmare McCalum  
14. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)  
15. MAIDEN NAME Irak McKinney  
16. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

17. INFORMANT Charles Shiner  
(ADDRESS) Balsam, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Parson Hill DATE Oct. 9, 1937

19. UNDERTAKER White & Terwin Funeral Home  
(ADDRESS) Balsam, Mo.

20. FILED 10-9-37 1937 F. R. Roberts  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937 to Oct. 8, 1937  
I last saw her alive on Oct. 4, 1937, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis.

Other contributory causes of importance:  
Myocarditis; Arterio-sclerosis; High Blood Pressure; Terminal diarrhea.

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? \_\_\_\_\_ 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) M. J. Gumbert, M. D.  
(Address) Balsam, 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.

