

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

46417

1. PLACE OF DEATH

County Pulaski
 Township Chapman
 City Richland

Registration District No. 712Primary Registration District No. 4427

File No. _____

Registered No. 27

St. _____ Ward _____

2. FULL NAME

(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

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

IS MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (or) WIFE OF Hanna Shaffer

DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1846

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>91</u>	<u>10</u>	<u>7</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

BIRTHPLACE (CITY OR TOWN) Wagonville, Mo
 (STATE OR COUNTRY)

13. NAME Eileen 31

14. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) 31

15. MAIDEN NAME Hanna Jovel

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

INFORMANT Findell Thompson
 (ADDRESS) Richland

BURIAL, CREMATION, OR REMOVAL
 PLACE Old Lawn DATE 12/16 1937

INDERTAKER R. B. Cooper
 (ADDRESS) Richland, Mo.

FILED Dec 14 1937 Orville A. Oliver
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/37, 193722. I HEREBY CERTIFY, That I attended deceased from 1-10, 1936, to 12-14, 1937I last saw him alive on 12-14, 1937. Death is said to have occurred on the date stated above, at 6:25 a.m.

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

Date of onset _____

Other contributory causes of importance _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

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Date of onset _____

Date of onset _____

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Date of onset _____

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Date of onset _____

Date of onset _____

Date of onset _____

Date of onset _____

97

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46417

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary Chapen St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 10 7

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

9. Industry or business in which work was done, as 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

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from

to 19 to 19

I last saw him alive on 19 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:

paralysis of descending

colon

Bulbar

Other contributory causes of importance:

arteriosclerosis

Date of onset

11

Name of operation

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? 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) R. E. Howlett, M. D.

(Address) Richland mo

ACE

Tow

CR

FULL

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