

REC'D APR 1 1938

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

Do not use this space.

1. PLACE OF DEATH

31 County Franklin Registration District No. 291
 Township Central Primary Registration District No. 4125
 City Moelle Mo (No. _____) St. _____ (Ward) _____

File No. 10652

Registered No. _____

2. FULL NAME Missus Francis Shell 406
 (a) Residence, No. Moelle Mo St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Shell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>8</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richwood Mo</u>		
13. NAME <u>Samuel Simpson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richwood Mo</u>		
15. MAIDEN NAME <u>Sarah Beeler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>George Shell Moelle Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moore County</u> DATE <u>March 27 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. J. J. V. Co. Moelle Mo</u>		
20. FILED <u>3/27</u> 19 <u>38</u> <u>Laura Woody</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1938 to 3/25 1938
 I last saw her alive on 3/25 1938. Death is said to have occurred on the date stated above, at 151a m.
 The principal cause of death and related causes of importance were as follows:
Wyo counts
Colon
 Date of onset ?

Other contributory causes of importance: g2c

Name of operation Ch Date of _____
 What test confirmed diagnosis? _____ 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 Wyo counts
 (Signed) W. J. V. Co. M. D.
 (Address) Moelle Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

