

REC'D APR 23 1938

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

12390
Do not use this space.

1. PLACE OF DEATH

(a) County Clatsop Registration District No. 875
 (b) Township Washington Primary Registration District No. 6065 Registered No. 90
 (c) City Nevada, Mo. (d) Street No. State Hospital #3 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

Oella May Shrum
 (a) Residence, No. Calhoun Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1874
 7. AGE YEARS 64 MONTHS 0 DAYS 14
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Benton Co., Mo. (STATE OR COUNTRY)

FATHER
 13. NAME Jonah Shrum
 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Elsner Drinkwater
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Records of Hospital #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Mo DATE April 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) Boston - Denver Colorado Mo.

20. FILED 3-31-1938 Allen St. Nevada Local Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to March 31, 1938
 last saw her alive on March 31, 1938 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia 1938
Idiopathic Epilepsy 1935
 Other contributory causes of importance: 109 1/2

Name of operation no 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? no Date of injury
 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? no
 If so, specify (Signed) A. Miller M. D.
 (Address) State Hospital #3 Nevada, 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)