

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

Do not use this space.

REC'D MAY 17 1938

14376

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Mallett Primary Registration District No. 5276A
City McKaysville Home St. Ward 512

2. FULL NAME

Margaret Ann Shimpangh
(a) Residence, No. 2101 Fayette St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 24

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.

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) Ill

13. NAME Joseph Smith

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

15. MAIDEN NAME Sarah F. Garrison

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

17. INFORMANT (ADDRESS) Mrs H A Morris 2101 Fayette

18. BURIAL, CREMATION, OR REMOVAL PLACE Rogers, Ark DATE Apr 29 1938

19. UNDERTAKER (ADDRESS) Morton Funeral Home 20 Kansas City Mo

20. FILED May 6 1938 Viola C. Morris Registrar. 179

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1938 to Apr 27 1938

I last saw him alive on Apr 27 1938 Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Essential hypertension & thrombosis
Date of onset 8/2/31

Other contributory causes of importance:

Name of operation Date of

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) H. L. ... M. D.

(Address) Commercial Bldg, N.E.C.

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.

