

REC'D MAY 10 1938

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

14810
Do not use this space.

1. PLACE OF DEATH *Howell*
- (a) County *West Plains* Registration District No. *394*
- (b) Township *West Plains* Primary Registration District No. *4227* Registration No. *17. Lewis Str.*
- (c) City *West Plains* (d) Street No. *17. Lewis Str.* St. *Mo.*
- (e) Length of residence in city or town where death occurred *50* yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Alpha Ann Shadwell* *346*
- (a) Residence, No. *346* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FE* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Claver Shadwell*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-1-1876*
7. AGE YEARS *62* MONTHS *1* DAYS *42* IF LESS THAN 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as saw mill, bank, etc. *Housewife*
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) *Morgantown Ga.*
13. NAME *W. B. Leo fact*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ga.*
15. MAIDEN NAME *Elizabeth Sumner*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ga.*
17. INFORMANT (ADDRESS) *Mrs. Capt Harris West Plains, Mo*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Dak Lawn* DATE *3/6-1938*
19. FUNERAL DIRECTOR (ADDRESS) *Robertson's West Plains, Mo*
20. FILED *V. B. S.* 1938 *V. B. S. Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/3-1938*
22. I HEREBY CERTIFY, That I attended deceased from *12-19*, 19*37*, to *3-3*, 19*38*
- I last saw her alive on *3-3-1938* Death is said to have occurred on the date stated above, at *11:50* a.m.
- The principal cause of death and related causes of importance were as follows:
- Cerebral Thrombosis*
Left Hemiplegia
- Date of onset *12-19-37*
- Other contributory causes of importance: *B*
- Name of operation..... Date of.....
- What test confirmed diagnosis? *exam* Was there an autopsy? *no*
- 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? *no*
- If so, specify.....
- (Signed) *E. C. Bohrer*, M. D.
- (Address) *West Plains, Mo.*
- Bohrer*

STATEMENT BY LICENSED EMBALMER

I, Raige A. Roberts, Licensed Embalmer No. 3435

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Raige A. Roberts
Licensed Embalmer No. 3435

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.)