

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.

REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City Saint Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 925 North 9th)

21400
File No. _____
Registered No. 658
St. _____ Ward _____

2. FULL NAME Mrs. Jessie Ellen Shaffer

(a) Residence, No. 925 North 9th St., _____ Ward. 160
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 14, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 10

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) May 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower, Missouri

13. NAME Frank Stephens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calaway County, Missouri

15. MAIDEN NAME Margaret Maxwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri

17. INFORMANT (ADDRESS) Mrs. Margaret Davis, 925 North 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACES Memorial Park Cem June 27, 1938

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 6/27 1938 J. H. Nuttlebuck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY, that I attended deceased from April 27, 1937, to June 24, 1938. I last saw him alive on June 24, 1938. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

Carcinoma head of pancreas Date of onset ?

Other contributory causes of importance: 463-1936
Familial Phenomenon from mucous membranes 6-12-38

Name of operation none Date of _____
What test confirmed diagnosis clinical 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? No
If so, specify _____

(Signed) J. B. Leonard M. D.
St. Joseph, Mo.
(Address) _____

