REC'D SEP 14 1938

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

Do not use this space.

3

1. PLACE OF DEATH
County Cape
Township Cape Gi
City ~~Cape Girardeau,~~ (No. ..... St. ..... Ward)

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Registration District No. 125
Primary Registration District No. ~~3009~~

File No. 28553
Registered No. 228

2. FULL NAME Betty Deloras Shackles 242
(a) Residence, No. On Highway 74 and 61 St. Automobile Wreck Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	15	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Single
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) Alton Illinois 1

FATHER
13. NAME P. N. Shackles 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee Mo. 0

MOTHER
15. MAIDEN NAME Marie Amrhein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canoy Station, Mo.

17. INFORMANT (ADDRESS) P. N. Shackles Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE U. P. Cem. " " DATE Aug. 9 1938

19. UNDERTAKER (ADDRESS) Stubbs Funeral Home Chaffee Mo.

20. FILED 8-7 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 - 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

We the jury after hearing the evidence given in the case after viewing the scene of the accident hereby return the verdict in the death of Miss Betty Shackles came to her death in a car

Other contributory causes of importance:
wreck of two cars of which we can't determine the cause

Name of operation 210 M Date of .....
What test confirmed diagnosis? 72 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 Aug 7, 1938
Where did injury occur? Cape Girardeau Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway 74 west of 61 in Cape Co
Manner of injury Head Injury and
Nature of injury other Body Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. R. Tricket Coroner Mo.
(Address) 4 S. Pacific St Cape Gir Mo.

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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.