

REC'D OCT 15 1938

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

31212

Do not use this space.

Registered No. 3509

## 1. PLACE OF DEATH

(a) County Linn Registration District No. 395  
(b) Township Linn Primary Registration District No. 1002  
(c) City Kahoka Mo (d) Street No. RC Gen Hosp 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

Shea Fred V.  
(a) Residence, No. 327 S Oakley St. St.  (Usual place of abode, if no street address, write county or city)  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Shea  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1879  
7. AGE YEARS 59 MONTHS \_\_\_\_\_ DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk  
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

13. NAME Shea  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Budget Quinn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Mrs. Elizabeth Shea 327 S Oakley18. BURIAL, CREMATION, OR REMOVAL PLACE Catawary DATE Sept 7 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) D. Quirk, + John 20 - W. Linwood20. FILED Sept 6 1938 M. M. Brome Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4 193822. I HEREBY CERTIFY, That I attended deceased from 7-26 1938, to 9-4 1938I last saw live on 9-4 1938 Death is said to have occurred on the date stated above, at 3:40 am

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

Pernicious Anemia Date of onset \_\_\_\_\_Other contributory causes of importance: nilDecubitus ulcersName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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? 1

If so, specify \_\_\_\_\_

(Signed) P. P. De Maria M. D.(Address) Sept 7 C Gen Hosp

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**