

DEPT OCT 27 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33535

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 240
 (c) City Nevada (d) Street No. #602 S. Main Street 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

LUELLA SHORT
 (a) Residence, No. #602 S. Main Street, Nevada, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>spinster</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>78</u>	YEARS <u>?</u>	MONTHS <u>?</u>
DAYS <u>?</u>		If LESS than 1 day, hrs. or min.
OCCUPATION JOBS	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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		<u>long</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole County, Missouri</u>		
FATHER	13. NAME <u>Robert A. Short</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Place unknown- date Dec. 13, 1822</u>	
MOTHER	15. MAIDEN NAME <u>Phebe Coffelt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Place unknown- date Feb. 26, 1822</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18th 193822. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938 to Sept. 18th 1938I last saw her alive on Sept. 18th, 1938. Death is said to have occurred on the date stated above, at 3:45 P.

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

Myocardial degeneration Date of onset Don't know

Other contributory causes of importance:

NoneName of operation none Date of What test confirmed diagnosis? Exam 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) W. R. Love, M. D.795 (Address) Nevada, Mo.20. FILED 9/30 1938 W. R. Love Local Registrar.

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.

STATE OF INDIANA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 7,

District File Number 7-38-243

Date Filed 10-11-38

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,

Personally

or by

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

Signed

Lloyd B. Winscott

Licensed Embalmer No. 3857

P. O. Address Twada, Mo.

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.)

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