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 MAR 15 1939

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

Do not use this space.

File No. 5885

Registered No. 4

1. PLACE OF DEATH

County: Boone (10)

Township: Cedar

Registration District No. 71

Primary Registration District No. 5110A

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Rachel Shouse (300)

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/12/1856

7. AGE: Years 82 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Indania

FATHER

13. NAME John Shouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvinia

MOTHER

15. MAIDEN NAME Sarah Kolfe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsyvinia

17. INFORMANT Stella Mountjoy
(ADDRESS) Ashland Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonds Chaple DATE 2/27/ 1939

19. UNDERTAKER Ashland undt. co.
(ADDRESS) Ashland Missouri

20. FILED Mar 8, 1939 Frances Nichols
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feb. 26, 1939

I last saw him alive on 2-26, 1939. Death is said to have occurred on the date stated above, at 3:00 A.m.

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

Influenza

Date of onset

Other contributory causes of importance:

Name of operation ..... 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) H. B. Singer, M. D.

73 (Address) Ashland Mo.