

DEC'D MAR 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County ScotlandTownship ArbelaCity ArbelaRegistration District No. 812Primary Registration District No. 6051File No. 7944Registered No. 1

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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.

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)

FemaleWhiteWidowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Joseph D. Shepersan

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

Mar. 16 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8011

OCCUPATION

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)

11. Total time (years) spent in this occupation

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

Va.

MOTHER FATHER

13. NAME

Marion Coaley

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

Va.

15. MAIDEN NAME

Catherine Baumgardner

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

Va.

17. INFORMANT (ADDRESS)

Clinton Shepersan
Arbela Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Moriah

DATE

Feb. 18

1939

19. UNDERTAKER (ADDRESS)

Stelling's Undertakers
Arbela Mo.20. FILED 2/23 1939OTMBalanMD

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 16 - 1939

22. I HEREBY CERTIFY, That I attended deceased from

Mar - 121939, toJan 21, 1939I last saw her alive on Jan 21, 1939. Death is saidto have occurred on the date stated above, at 8:00 P.M.

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

mitel insufficiency

Date of onset

1/11/39

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

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 _____, 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?

If so, specify _____

(Signed) E. E. Symmonds D.D.(Address) Memphis Mo.

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.

