

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

Do not use this space.

REC'D APR 20 1939

11521

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Sumner Primary Registration District No. 3029
City Hamilton (No. Revering Hospital) St. _____ Ward _____

File No. _____
Registered No. 102
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Shelbyville Mo. 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1873

7. AGE YEARS MONTHS Days IF LESS than 1 day,hra. ormin.
65 9 17

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) Shelby Co. Mo.

13. NAME John Wright

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

15. MAIDEN NAME Cynthia Young

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

17. INFORMANT J. W. Robb
(ADDRESS) Shelbyville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyville Mo DATE Mar 18 1939

19. UNDERTAKER E. P. Thompson
(ADDRESS) Shelbyville Mo

20. FILED Mar 17 1939 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-15-1939, to 3-16-1939

I last saw him alive on 3-6-39, 19..... Death is said to have occurred on the date stated above, at 4:23 pm.

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

Peritonitis _____ Date of onset _____

Other contributory causes of importance: Appendicitis

Name of operation no 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? no 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) E. P. Handley M. D.

(Address) Shelbyville 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.

P. 1
ANNEX M

ANNEX M