

1939 JUN 24 1939

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

Do not use this space.

19949

1. PLACE OF DEATH

County Shelby
Township Black Creek
City 630 (No. _____) (St. _____) (Ward _____)

Registration District No. 831
Primary Registration District No. 6902

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Frank Sherwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 7 8

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 Thomas Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

15. MAIDEN NAME Frances Douglas

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

17. INFORMANT Frank Sherwood (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE June 6, 1939

19. UNDERTAKER E. P. Thomas (ADDRESS) Shelbyville, Mo.

20. FILED June 19, 1939 Pearl Goe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939 to June 4, 1939
I last saw her alive on June 4, 1939 Death is said to have occurred on the day stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset Jan 10, 1939
Coronary disease about Jan 10, 1939

Other contributory causes of importance: about Jan 10, 1939

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) H. J. L. L. L. 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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-29-1075

Date Filed JUN 15 1939