CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 1 1939

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

Do not use this space.

File No. 30092

Registered No.

94 1. PLACE OF DEATH

County St. Francois 2 1

Township Iron

City Bismarck R1 (No. ..... St. ..... Ward)

Registration District No. 771

Primary Registration District No. 6017

2. FULL NAME Mary Ellen Shaner

(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 60 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/18/1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Washington County Missouri

FATHER

13. NAME Dennis Edward Wood

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

MOTHER

15. MAIDEN NAME Jane Sarah Ritter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois County Missouri

17. INFORMANT (ADDRESS) R. E. Walsh 217 Lewis St. Ventura, Calif

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

PLACE Bismarck, Mo DATE 8/1/39

19. UNDERTAKER (ADDRESS) J S Boyer & Son Leadwood, Mo

20. FILED Aug 1 1939 F. H. Gale MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1939, to July, 19..

I last saw her alive on 7/29, 1939. Death is said to have occurred on the date stated above, at 2 A m.

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

Date of onset

Apoplexy

Other contributory causes of importance:

Senility

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? No

If so, specify .....

(Signed) Jno W. Hoffman, M. D.

(Address) Bismarck MO

JUL 29 1957