

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Christian
Township Sparta
City 155 Mahala

Registration District No. 184-
Primary Registration District No. 5258

File No. 39318

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mahala Francis Shipman

(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bill Shipman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27 1877</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>8</u>	DAYS <u>10</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	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)
Mo

13. NAME William A. Robinson

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

15. MAIDEN NAME Phoeba Johnson

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

17. INFORMANT Goddie Robinson
(ADDRESS) Sparta, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Cemetery DATE Nov. 9th 1939

19. UNDERTAKER Rahby & Chaffin
(ADDRESS) Sparta Mo

20. FILED 12-4 1939 Douphine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h.e. alive on Aug. 25, 1939. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Other contributory causes of importance:
Cardiac Asthma
Chronic Myocarditis

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 Dr. Warren H. Wilson, M. D.
(Signed) _____

(Address) Sparta, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2552

Date Filed DEC 11 1939