

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 27911003File No. 4498Township 11A-1BPrimary Registration District No. 4242 McPhersonRegistered No. 1328City 435 Virginia St.(No. 4242 McPherson)St. 19

Ward)

2. FULL NAME

(a) Residence, No. 4242 McPherson St., 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 0 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Full Shelton

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

March 3 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

721029

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, 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)

No. holt Tenn

13. NAME

Richard Beadle

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

Tenn

15. MAIDEN NAME

Susan Wamock

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

Tenn

17. INFORMANT

(ADDRESS)

Urgie Souther
4242 McPherson St

18. BURIAL, CREMATION OR REMOVAL

PLACE

Markon No. 213

DATE

19

40

19. UNDERTAKER

(ADDRESS)

Edwards
4242 McPherson St

20. FILE

FEB 9 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd 194022. I HEREBY CERTIFY, That I attended deceased from Jan 26 1940, to Feb 2nd 1940I last saw her alive on Feb 1 1940. Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Date of onset

Cerebral Hemorrhage

Hypertension

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? No

If so, specify

(Signed)

Charles C. Draper, M. D.

(Address)

3707 Gravois

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