FILED APR 12 1940

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

Do not use this space.

10064

File No.

Registered No. 11

1. PLACE OF DEATH

County Barry — Registration District No. 29

Township Mineral — Primary Registration District No. 5039

City (No. 650 Cassville, Mo. Star R. St. Ward)

2. FULL NAME Laura Anna Shrum

(a) Residence, No. Cassville, Mo. Star Route St., 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. 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 Tom Shrum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 16th 1866

7. AGE: Years 74 | Months 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

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) Illinois

FATHER

13. NAME Thomas Branham

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

MOTHER

15. MAIDEN NAME Fannie Jones

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

17. INFORMANT Tom Shrum
(ADDRESS) Cassville, Mo. Star R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McGuire; Viola, Mo. DATE Mar. 13, 1940

19. UNDERTAKER Horine-Culver
(ADDRESS) Cassville, Mo.

20. FILED 4-2-1940 Leon Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1940, to Mar. 9, 1940

I last saw her alive on Mar. 9, 1940. Death is said to have occurred on the date stated above, at 8 P. m.

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

Influenza — Date of onset

11B'

Other contributory causes of importance: Shock from death of Daughter.

Name of operation n.a. Date of

What test confirmed diagnosis? Was there an autopsy? No.

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?

If so, specify

(Signed) Henry H. Salyer, M. D.

(Address) Cassville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
Local Health Officer No. 6,
Local File Number 440-1004
Date Filed APR 9 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J. C. Culver, or by ....., Registered Apprentice No., ..., working under my personal supervision.

Signed J. C. Culver
Licensed Embalmer No. 35-84
P.O. Address Caruville, Mo.