

1 X3314

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

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.

FILED FEB 14 1941

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

Do not use this space.

2685

1. PLACE OF DEATH Harrison Registration District No. 337
 County Eagleville Township Eagleville Primary Registration District No. 4200
 City Eagleville (No. 41) St. 41 Ward 0

2. FULL NAME Elizabeth E. Shirley
 (a) Residence, No. Eagleville St. Mo Ward. 0 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 81 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29, 1859

7. AGE YEARS 81 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) December 1940 11. Total time (years) spent in this occupation 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville, Mo

MOTHER
 13. NAME Waniel R. Shirley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk, unk
 15. MAIDEN NAME America Dale
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk, unk

FATHER
 17. INFORMANT Myrtle M. Kay
 (ADDRESS) Eagleville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shirley Cemetery DATE 1/19/41
 19. UNDERTAKER (ADDRESS) W. H. Ragan Mo
 20. FILED 1-6-41 Marie Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1941

22. I HEREBY CERTIFY, that I attended deceased from Dec. 30, 1940 to Jan. 4, 1941
 I last saw her alive on Jan. 4, 1941. Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia 1-1-41
Acute Bronchitis 12-24-40
 1210
 Other contributory causes of importance:
Chronic Myocarditis - ?
Interstitial Nephritis - ?

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?
 If so, specify
 (Signed) Wm. H. Ragan
 (Address) Eagleville, Mo

