

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

Do not use this space.

25089

1. PLACE OF DEATH

County Shelby
Township Shelby
City Shelby

Registration District No. 830

Primary Registration District No. 4-503

File No.

Registered No. 114

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White

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

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

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

July 22-1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

2

3

OCCUPATION

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

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)

Peoria Ill.

13. NAME

W. P. Carter

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

Kans.

15. MAIDEN NAME

Minnie G Mills

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

Mo.

17. INFORMANT
(ADDRESS)

E. M. Mills
Shelby Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelby Mo. DATE 7/27/1932

19. UNDERTAKER
(ADDRESS)

J. B. Brothers
Shelby Mo.

20. FILED

July 28, 1932 Mrs. B. H. Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1932, to July 25, 1932

I last saw him alive on July 25, 1932 Death is said

to have occurred on the date stated above, at 8:20 m.

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

Date of onset

Enteritis

July 10, 1932

Other contributory causes of importance:

Name of operation

8 1

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

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)

E. N. Langdon, M. D.

(Address)

Winkleville 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shelby
Township Shelbina
City Shelbina (No.)

Registration District No. 830
Primary Registration District No. 4503

File No. 25-
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1
2 - 3 day, hrs.
or min.

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

13. NAME W. P. Carter

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

15. MAIDEN NAME Benita D. Mills

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

17. INFORMANT E. M. Mills
(ADDRESS) Shelbina Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina Mo DATE 7/27 1932

19. UNDERTAKER J. B. Brothman
(ADDRESS) Shelbina Mo

20. FILED Sept 10 1932 Madge Wood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from
July 18 1932 to July 25 1932

I last saw him alive on July 25 1932 Death is said
to have occurred on the date stated above, at 8:30 P.
The principal cause of death and related causes of importance were as follows:

Enteritis Date of onset
July
10-32

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?
If so, specify E. H. Laughlin, M. D.
(Signed) E. H. Laughlin (Address) 10 Kirksville Mo

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