

DEC 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 507
Township Person Creek Primary Registration District No. 4306
City Meadville (No.) St. Ward)

File No. 41793Registered No. 188

2. FULL NAME

Mary Ann Shiplett
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 21

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. At home

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) New Holland Ohio

13. NAME Benjamin Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenland Village Ohio

15. MAIDEN NAME Margaret Simplin

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

17. INFORMANT (ADDRESS) Mrs. M. H. Haskins Shelbina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadville, Mo. DATE Nov. 26, 1937

19. UNDERTAKER (ADDRESS) W. H. Shreve Saledy, Mo.

20. FILED 11-26-37 1937 E. J. Werr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 11-22-1937

I last saw him alive on 11-22-1937. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Coronary thrombosis

Other contributory causes of importance:

Name of operation Date of NO

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? NO

If so, specify

(Signed) S. H. Hanson D.O. M.D.

(Address) Meadville 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.

