

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township _____
City Huntsville (No. _____)

Registration District No. 733
Primary Registration District No. 4438

File No. 11180
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Nellie May Shiflett
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) Randolph CO

FATHER 13. NAME George T Shiflett

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

MOTHER 15. MAIDEN NAME Emma Lamb

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

17. INFORMANT J. T. Shiflett
(ADDRESS) Huntsville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE May 4, 1931

19. UNDERTAKER Tom B Patton
(ADDRESS) Huntsville, Mo

20. FILED Dec 20, 1931 J. J. Torrey
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

Coroner's case.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Injuries received on being struck by a wabash train designated as #9 while attempting to cross track in Model T, Ford coupe "at Sullivan" crossing in Huntsville, Mo." (Date of onset)

Other contributory causes of importance: Judicial of Jury

Name of operator 206

What test confirmed diagnosis? 206

Date of _____

Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1/1/31

Where did injury occur? Huntsville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. street crossing.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? N.O.

If so, specify _____

(Signed) William Cassner, M. D.

(Address) Moberly, 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. APR 25 1931

