

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Howard  
Township Prarie  
City (No. ....) 5521A

Registration District No. 376  
Primary Registration District No. 4220

File No. 14785  
Registered No. ....  
St. .... Ward)

2. FULL NAME

SENDRA ELIZABETH SHIFLET 143

(a) Residence, No. Country via RR Ward. ....

(Usual place of abode) (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 <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (or) wife of) <u>Melvin Shiflett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24-1909</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>1</u>	DAYS <u>—</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	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) <u>Apr 37</u>
	11. Total time (years) spent in this occupation <u>0</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Howard Co Mo

FATHER  
13. NAME Frank X. Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Howard Co Mo

MOTHER  
15. MAIDEN NAME Ellis Miller Binko

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

17. INFORMANT F. V. Borden  
(ADDRESS) Country, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wentworth DATE 4-25-38

19. UNDERTAKER Ch. Oldaker  
(ADDRESS) Country, Mo.

20. FILED Apr 25 1938  
W. M. Dineen  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY That I attended deceased from June 3, 1937, to April 24, 1938  
I last saw her alive on Apr 24, 1938 Death is said to have occurred on the date stated above, at 2:02 m.

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

Carcinoma of sigmoid Colon  
Date of onset

Other contributory causes of importance: HO

Name of operation Colostomy Date of 6-3-37  
What test confirmed diagnosis laboratory 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 .....  
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 W. M. Dineen M. D.  
(Signed) W. M. Dineen (Address) Country, 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.

