

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.

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

Do not use this space.

28991

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1. PLACE OF DEATH

County CarrollRegistration District No. 133Township Van HornPrimary Registration District No. 4074City Boyd, Mo (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. St. 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 OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Shuman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24-1861</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
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)		
11. Total time (years) spent in this occupation		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll County, Mo</u>
	13. NAME <u>John Thorburn</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Ann Wagaman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT <u>Alma Henson + Ruth Shuman</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Zion</u> DATE <u>Sept 15-1933</u>	
19. UNDERTAKER <u>E. J. Henson</u> (ADDRESS) <u>Boyd, Mo</u>	
20. FILED <u>9-14</u> 1933 <u>Janie Henderson</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 13-1933</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May 27</u> 1933, to <u>Sept 13</u> 1933. I last saw him alive on <u>Sept 6</u> 1933. Death is said to have occurred on the date stated above, at <u>6</u> A. m. The principal cause of death and related causes of importance were as follows: <u>Arterio Sclerosis</u> <u>92 A</u> <u>92 a</u>
Date of onset
Other contributory causes of importance

Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>No</u>
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? <u>No</u>	
If so, specify	
(Signed) <u>R. V. Cowherd</u>	D. O.
(Address) <u>Carrollton, Mo.</u>	

