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

MAY 27 1927

Do not use this space. 11577

1. PLACE OF DEATH
County: Jackson Co. Registration District No. 398
Township: Blue Primary Registration District No. 3019
City: Independence (No. ..., ... St. ... Ward)
File No. ... Registered No. 117

2. FULL NAME: Rose Shields
(a) Residence. No. 1209 W. Elm 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel S. Shields

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 15th, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 4
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Jackson Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Elisha C. Hunter
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Salem
(STATE OR COUNTRY): N. C.
12. MAIDEN NAME OF MOTHER: Mary Ann Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Johnson Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: G. R. Caldwell.
(Address): Independence Mo

15. FILED: May 2 1927 F. L. Cook, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 13 1927

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1927, to April 12, 1927, that I last saw her alive on April 12, 1927, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus infection
(Influenza)
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Pulmonary Oedema
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Gammon, M. D.
4/13, 1927 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elm Cemetery
DATE OF BURIAL: April 14 1927

20. UNDERTAKER: Otto & Mitchell
ADDRESS: Independence Mo.