

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

Do not use this space.

396

FB 20 1928

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township W 1 Primary Registration District No. 3099  
City St. Robert (No. 127) St. 3 Ward

File No. 1025  
Registered No. 3

**2. FULL NAME**

Ella W. Shanley

(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**

**2 MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED WIFE OF Henry Shanley  
(OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Jan 25, 1928 that I last saw her alive on Jan 25, 1928, and that death occurred, on the date stated above, at 3:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29 1875

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 2 1 131  
132 A

Uremic Convulsions

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY Chronic Bright disease (duration) 0 yrs. 0 mos. 0 ds. 15 minutes  
(SECONDARY) (duration) 2 yrs. 6 mos.      ds.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ky.

**10. NAME OF FATHER**

Ben Reynolds

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Don't know

14. INFORMANT Henry Shanley  
(Address) Cape Girardeau Mo.

18. WHERE WAS DISEASE CONTRACTED 1290  
IF NOT AT PLACE OF DEATH...  
19. DID AN OPERATION PRECEDE DEATH? no DATE OF...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS...  
(Signed) W A Schwen, M. D.  
1-26, 1928 (Address) Cape Girardeau 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.

15. FILED 1-26, 1928 W Kauffman  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Benton Comitory DATE OF BURIAL Jan 27 1928  
20. URBERTAKER Corberg 79 N E ADDRESS Cape Gir. Mo

Exact statement of OCCUPATION is very important. Do not print in plain terms, so that it may be properly classified.

