25 1928

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

Do not use this space.

20342

File No. .....
Registered No. .....

1. PLACE OF DEATH
County Gasconade
Township Clay
City ..... (No. ..... St. ..... Ward)
Registration District No. 302
Primary Registration District No. 6231

2. FULL NAME Martha Ellen Shields

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23, 1845

7. AGE: Years 83 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Canaan, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Hallinsworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT William C. Nixon
(Address) Canaan Mo

15. FILED 7-4, 1928. C. A. Bunge M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30, 1928.

17. I HEREBY CERTIFY, That I attended deceased from I did not see deceased, 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
106B
162
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. T. Ferrell, M. D.
6-30, 1928. (Address) Owensville, 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 Owensville, Mo — DATE OF BURIAL July 2, 1928.

20. UNDERTAKER W. F. Gattenstracter, Owensville, Mo. — ADDRESS

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.