

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

Do not use this space.

Rosselle 2453
File No. _____
Registered No. 12
St. _____ Ward _____

1. PLACE OF DEATH
County Marion Registration District No. 547
Township Marion Primary Registration District No. 2099
City Hannibal (No. St. Elizabeth)
2. FULL NAME Mary A. Shorten
(a) Residence. No. Riverside Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF 7 M. Shorten Dec.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 - 1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 0 12 2
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 13 to Jan 15, 1929, and that I last saw him alive on Jan 15, 1929, and that death occurred, on the date stated above, at 7:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
107 A
87 B

CONTRIBUTORY (SECONDARY)

Central Nerve Lesion
(duration) 2 yrs. 5 mos. 5 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) A. J. Rosselle, M. D.

*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.

9. BIRTHPLACE (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Mo.
10. NAME OF FATHER Chas. Hostetter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Matilda J. Sumner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT T. M. Hostetter
(Address) Frankfort Mo
15. FILED 1/17 1929 Blatrod
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Louisiana Mo. DATE OF BURIAL 1/18 1929
20. UNDERTAKER Mrs M. Smith ADDRESS Hannibal

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.

28
64
8
1929

26

4

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