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

Do not use this space.

32864

1. PLACE OF DEATH
County Adair — Registration District No. 978.
Township Liberty — Primary Registration District No. 5008.
City ..... (No. ..... St. ..... Ward)

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

2. FULL NAME Marry H. Shoop.
(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 F.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1892

7. AGE YEARS 37. MONTHS 2 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

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

235

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

PARENTS
10. NAME OF FATHER Lewis Noll
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mary M Perrigo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.

14. INFORMANT William T. Shoop
(Address) Novinger Mo.

15. FILED 10/5, 1929. W E Munn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1. 1929

17. I HEREBY CERTIFY, That I attended deceased from 10/1, 1929, to 10/1, 1929, that I last saw her alive on 10/1, 1929, and that death occurred, on the date stated above, at 2 - P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Not Known
200A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 205B
..... (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) W. E. Munn, M. D.
10/1, 1929 (Address) Novinger,

*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 Novinger Cemetery — DATE OF BURIAL Oct 3. 1929

20. UNDERTAKER Llewellyn & Son — ADDRESS Novinger Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 5 1944