Cyrrhotic - Near Stomach

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

Do not use this space.

37500

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township: E. Jackson — Primary Registration District No. 3020

City: Carthage (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Myrtle Shope

(a) Residence. No. Elms House 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	5	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Toledo
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER George C. Early

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

12. MAIDEN NAME OF MOTHER F. Mary J. Brewster

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

14. INFORMANT Jud Howell
(Address) Carthage, Mo.

15. FILED 12/1, 1929 E. H. Kitchener
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 - 1929.

17. I HEREBY CERTIFY, That I attended deceased from June 6/1929 1929 to Nov 28, 1929 that I last saw her alive on Nov 24, 1929, and that death occurred, on the date stated above, at Unknown.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 9000

(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) K. E. Baker, M. D.

, 19 (Address) Carthage 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	DATE OF BURIAL
Webb City Cemetery	12/3 1929
20. UNDERTAKER	**ADDRESS**
Webb City Fund Co	Webb City

8.m.3

(2)