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.

FEB 10 1930

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

Do not use this space.

3819

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No.

Township: Washington — Primary Registration District No. 3039 — Registered No. 13

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

2. FULL NAME: Mrs. Hattie Sheen

(a) Residence. No. ..... Vernon County St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andrew Sheen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 25, 1868

7. AGE: Years 61 — Months 3 — Days 14 — If LESS than 1 day, ... hrs. ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer: .....

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

PARENTS

10. NAME OF FATHER: unknown

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT: Andrew Sheen
(Address) Nevada, Mo.

15. FILED 2/7/1930 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930, to Jan 6, 1930, that I last saw her alive on Jan 6, 1930, and that death occurred, on the date stated above, at 4 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

108
97 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

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

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical finding

(Signed) J. H. Vater, M. D.

Jan 8, 1930 (Address) Nevada, 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: Mt. Calvary — DATE OF BURIAL: 1-10-30

20. UNDERTAKER: John E. Myers — ADDRESS: Nevada, Mo.