

7272 95 1930

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

Do not use this space.

4428

1. PLACE OF DEATH

County Clinton
Township Lathrop
City (No.) (No.) St. Ward)

Registration District No. 206
Primary Registration District No. 5784 a

File No.
Registered No. 81

2. FULL NAME Mary Elizabeth Shrewsbury

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 10 6

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) Housekeeping
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Vooshus Pitman

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

12. MAIDEN NAME OF MOTHER Mary Palmer

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

14. INFORMANT Miss Beal Shrewsbury
(Address) Lathrop Mo.

15. FILED 2-23-1930 J. G. Kinsey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1930
17. I HEREBY CERTIFY That I attended deceased from Jan 24 - 30 to Feb 21, 1930 that I last saw her alive on Jan 10, 1930, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
186A
104P
930

CONTRIBUTORY (SECONDARY) Fractured Hip
(duration) 1 yrs. 0 mos. 0 da.

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

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? No

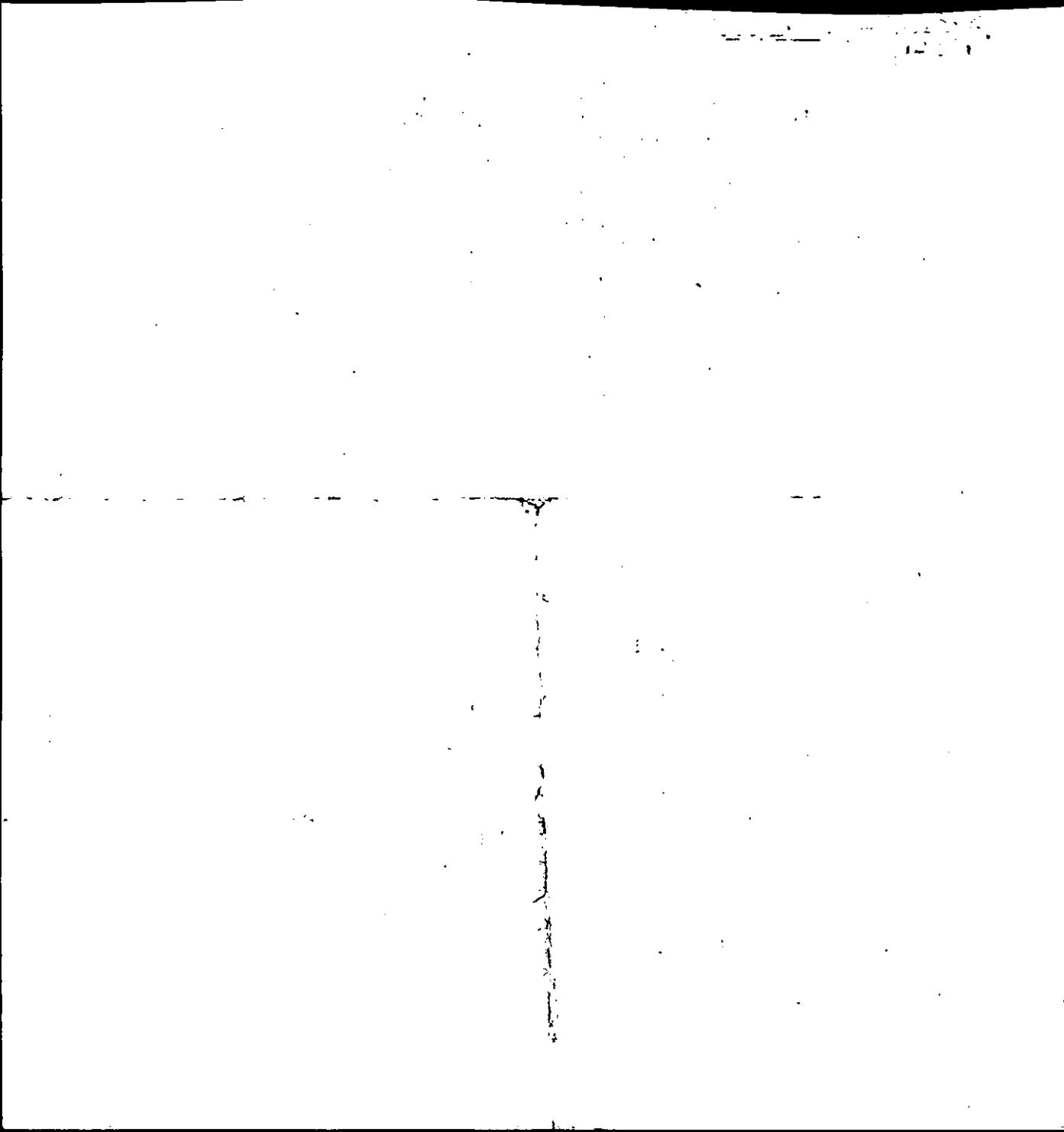
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. J. Louless, M. D.

2-23-1930 (Address) Lathrop 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 Lathrop Cemetery DATE OF BURIAL 2/23 1930

20. UNDERTAKER Wm. Brown ADDRESS Lathrop, Mo.



8EHH-S

