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.

MAY 21 1931

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

Do not use this space.

13517

1. PLACE OF DEATH
County Clark — Registration District No. 190 — File No.
Township — Primary Registration District No. 4113 — Registered No. 17
City Kahoka (No. St. Ward)

2. FULL NAME Mrs. Mary Shallenberger
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lester L. N. Shallenberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25, 1858
7. AGE: YEARS 72 — MONTHS 11 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeping
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Wm. Henry Whaley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Lucinda E. McIntosh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mr. Frank Shallenberger, Kahoka, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Kahoka Ce. DATE 4/7 1931
19. UNDERTAKER (ADDRESS): Tuttle's Und. Kahoka Mo.
20. FILED 4/6 1931 J. R. Bridges, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6, 1931
22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1931, to Apr 6, 1931
I last saw h.... alive on Apr 6, 1931. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck + ran over by an automobile causing injuries which produced death	4/5 '31

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/5, 1931
Where did injury occur? Kahoka Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Dry obon
Nature of injury: Chest + lungs Mashed

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. R. Bridges, M. D.
(Address) Kahoka Mo