

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

Do not use this space.

26721

1. PLACE OF DEATH

61 County Macon Registration District No. 533
Township Hudson Primary Registration District No. 5713
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 533

2. FULL NAME Lizij Shearon

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm C Shearon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 8 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Illinois 2

FATHER 13. NAME James F Hood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) n.c.

MOTHER 15. MAIDEN NAME Hannah Cambill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Hood Shearon
(ADDRESS) 221 Macon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood DATE Aug 8 1932

19. UNDERTAKER Admet Skinner
(ADDRESS) Macon

20. FILED 8/30 1932 Mrs Luke Hunter
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov 15 1931 to Aug 6 1932
I last saw h. U alive on Aug 9 1932 Death is said to have occurred on the date stated above, at 1115 m
The principal cause of death and related causes of importance were as follows:

Cardio-Vascular
Renal Disease
82A
Other contributory causes of importance 131
Cerebral Hemorrhage

Date of onset about 1926
Aug 3-22

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J.P. Honoway M.D.
(Address) Macon Mo

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.

SEP 24 1932

