

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

Do not use this space.

32769

File No. 372

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Lawrence  
Township Amoy  
City Amoy

Registration District No. 467

Primary Registration District No. 4280

2. FULL NAME

Lucy E. Shipman  
(a) Residence, No. 404 W. Pleasant 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 Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Shipman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Unknown SI

13. NAME Erin Enoch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny 2

15. MAIDEN NAME Susan Woodward

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

17. INFORMANT (ADDRESS) W. H. Wood 404 W. Pleasant St

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 10/28 1932

19. UNDERTAKER (ADDRESS) King Funeral Home Amoy, Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ B. W. Smart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1932, to Oct 26 1932

I last saw her alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis and general anemia  
131  
930/31 ①  
Other contributory causes of importance: chronic nephritis  
hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) B. W. Smart M. D.

(Address) Amoy, 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.

NOV 29 1932

