

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

Do not use this space.

33007

1. PLACE OF DEATH

72 County New Madrid Registration District No. 5800
Township Big Prairie Primary Registration District No. 275
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Elva Louise Shanks

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1932</u>				
7. AGE	YEARS <u>6</u>	MONTHS <u>9</u>	DAYS <u>4</u>	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.			
	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) <u>Mathews Mo</u>				
FATHER	13. NAME <u>Welton Shanks</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mathews Mo</u>			
MOTHER	15. MAIDEN NAME <u>Maudie Brooks</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mathews Mo</u>			
17. INFORMANT <u>Welton Shanks</u> (ADDRESS) <u>Mathews Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mathews Mo</u> DATE <u>Oct 17</u> 19 <u>32</u>				
19. UNDERTAKER <u>John Albritton</u> (ADDRESS) <u>Sikeston Mo</u>				
20. FILED <u>Dec 4</u> 19 <u>32</u> <u>Jennie E. Mann</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18 1932 to 10-16 1932
I last saw him alive on 10-16 1932 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Cardiac & Pulmonary disease Date of onset July 18 1932
Other contributory causes of importance: Chorea 1 Aug 18 1932

Name of operation none Date of operation

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Thomas B. McClure, M. D.
(Address) Sikeston, Mo.

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.

1933

