

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

Do not use this space.

34844

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Mo Math Hop Primary Registration District No. 1001  
City Elizabeth Shreve (No. 1109) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1109 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Enoch Shreve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 32 6 22

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

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

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) De Kalb Mo

13. NAME B M Seaton

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

15. MAIDEN NAME Mary Alice Bernatch

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

17. INFORMANT (ADDRESS) Elizabeth Shreve Buchanan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ostons Mo DATE 11-20 1932

19. UNDERTAKER (ADDRESS) griefland Cameron Mo

20. FILE NO. NOV 18 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-6-1932 to 11-18-1932

I last saw her alive on 11-18-1932 Death is said

to have occurred on the date stated above, at 2:40 p.m.

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

14 2 B  
Ruptured ectopic pregnancy Date of onset 11-17-32  
Intera abdominal hemorrhage D 11-17-32

Other contributory causes of importance:

Name of operation Ligation artery of tube Date of 11-18-32

What test confirmed diagnosis? Amn. cal. 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) Elizabeth Shreve, M. D.

(Address) Cameron 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.

JAN 7 1933

