

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

Do not use this space.

19128

1. PLACE OF DEATH

17 County Carroll Registration District No. 133
Township Lisles Primary Registration District No. 5185
City Boyard, Mo. (No. St. Ward)

File No.
Registered No. 12

2. FULL NAME

Mildred Francis Shirley
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 0 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Missouri
13. NAME Jess Shirley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Ida Block
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Mrs Ida Shirley
(ADDRESS) Boyard - Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Smith DATE June 17 1933
19. UNDERTAKER E. W. Jackson
(ADDRESS) Boyard, Mo.
20. FILED 6-17, 1933 Jamie Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933
22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1931, to June 12, 1933
Last saw her alive on June 13, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs Date of onset 11-81
23A
23
Other contributory causes of importance:
Name of operation
What test confirmed diagnosis Physical findings 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) A. M. Wooden, M. D.
(Address) Boyard, 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.

JUN 21 1933

