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

Do not use this space.

22678

File No. .....
Registered No. 65

1. PLACE OF DEATH
County Cooper — Registration District No. 218
Township ..... — Primary Registration District No. 3015
City Boonville (No. ....., ... St. ..... Ward)

2. FULL NAME Louise 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Shirley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26. 1868

7. AGE: Years 64. Months 7 Days 29 — 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) Cooper Mo. County.

FATHER
13. NAME Albert Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Cooper County

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

17. INFORMANT Laura Nelson
(ADDRESS) Water St Boonville

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 7-27, 1933

19. UNDERTAKER D. S. Williams
(ADDRESS) 321 E Morgan St.

20. FILED 7/26, 1933 D. W. Bozworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 20, 1933
I last saw her alive on July 20, 1933. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	

Other contributory causes of importance:
This woman has been blind & paralyzed for about 20 years

Name of operation none Date of .....
What test confirmed diagnosis? Clinic 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. A. Russell, M. D.
(Address) Boonville 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.

AUG 22 1933