

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.

AUG 20 1934 40300

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

Do not use this space.

25027

1. PLACE OF DEATH

County Jackson

Registration District No. 402

Township Oak Grove

Primary Registration District No. 4237

City Oak Grove (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Lulu B. Shore

(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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. R. Shore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-18-62

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 2 8

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

13. NAME W. P. Kinsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

15. MAIDEN NAME Rebecca Kearns

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

17. INFORMANT Mrs. F. C. Walraven (ADDRESS) Oak Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place Walvesee DATE 7-16 1934

19. UNDERTAKER Z. J. Webb (ADDRESS) Oak Grove, Mo.

20. FILED July 23, 1934 Mrs. E. St. Maur Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 to July 14, 1934
I last saw him alive on July 14, 1934. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Asthma, Allergic probably timely group Date of onset May 15 1934

Other contributory causes of importance: 112 / 112

Name of operation None Date of _____
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? no Date of injury _____, 1934
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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) O. L. Liston, M. D.

(Address) Oak Grove, Mo.

O. L. Liston

