

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Head for Supp

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

Do not use this space.

11304-a

JUL 23 1936

1. PLACE OF DEATH
County Coleda
Township Union
City (No. _____) _____

Registration District No. 448
Primary Registration District No. 6608

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME Francis Shackley
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Shackley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mins. 59 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1936 to 3-11, 1936
I last saw him alive on Feb 11, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Feb 1936 11. Total time (years) spent in this occupation _____

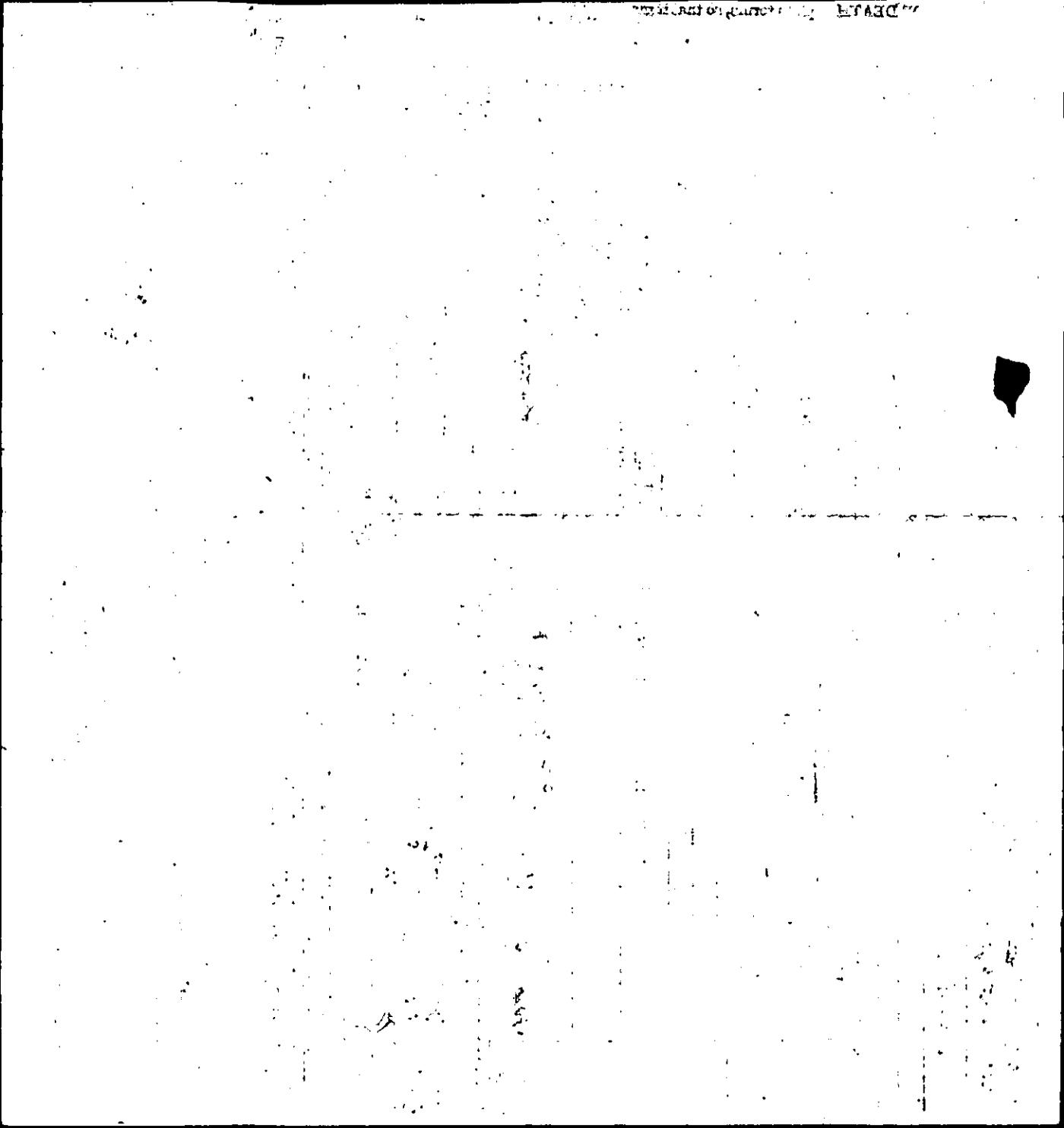
Cancer of stomach + breast
Date of onset _____
Other contributory causes of importance: _____

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo
13. NAME J. D. Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Night co mo
15. MAIDEN NAME Polly Taggard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in 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 _____

17. INFORMANT F. W. McClanahan (ADDRESS) with wife Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Emelka Cem DATE Mar 12, 1936
19. UNDERTAKER Buried by friends (ADDRESS) _____
20. FILED 7-10 1936 1936 Arva Montgomery Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. W. Rindoo M. D.
(Address) Lawson Mo



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Conroy

1. PLACE OF DEATH

County Coledale

Registration District No. 448

File No. _____

Township _____

Primary Registration District No. 5608

Registered No. 9

City _____ (No. _____)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1877

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS 59 MONTHS _____ DAYS 11 If LESS than 1/2 day, _____ hrs. or _____ min.

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

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 _____

Cancer of Stomach and breast
Primary Seat breast

Date of onset _____

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME _____

23. If death was due to external cause (injury), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

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

20. FILED 7-10 1936 Geo Montgomery Registrar

(Signed) John Lindsey, M. D.
(Address) Conway, Mo

STATE BOARD OF HEALTH

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