

JUN 27 1936

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

Do not use this space.

21725

1. PLACE OF DEATH

County Sullivan  
Township Buchanan  
City \_\_\_\_\_

Registration District No. 849  
Primary Registration District No. 6123

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Oliva Shisler

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Shisler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 2 28

OCCUPATION 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. on farm  
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

FATHER 13. NAME Opherial Baccus

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

MOTHER 15. MAIDEN NAME Martha Bowen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Charles F. Shisler  
Green Castle Mo R.F. 10

18. BURIAL, CREMATION, OR REMOVAL PLACE Box Cemetery DATE May 24, 1936

19. UNDERTAKER (ADDRESS) Glenn E. Hunt  
Green City Mo

20. FILED 6-9 1936 Virginia Gibson (Address) \_\_\_\_\_  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to May 22, 1936  
I last saw her alive on April 7, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
Diabetes Mellitus  
Other contributory causes of importance None  
Date of onset 5 years ago

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_ (Signed) A. J. Garrison, M. D.  
Younger's 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.

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