

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.

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

Do not use this space.

DEC 18 1936

40428

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. 3602 Mitchell)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1407
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3402 Mitchell, 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William L. Perdew</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1861-</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>		<u>9</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	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) <u>Ohio</u>				
FATHER	13. NAME <u>James W. Shippo</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Simon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>J. L. Perdew</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marysville, Mo.</u> DATE <u>Nov 10 1936</u>				
19. UNDERTAKER <u>Campbell Funeral Home, Marysville Mo.</u> (ADDRESS)				
20. FILED <u>Nov 12 1936</u> <u>J. L. Mitchell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 11, 1936.
I last saw her alive on Nov. 11, 1936. Death is said to have occurred on the date stated above, at 6:30 Am.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis.
Angina Pectoris

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? chemical 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) Blanche Tomney, M. D.
(Address) 216 Phys. & Surg. Bldg.

