

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

Do not use this space.

JAN 9 1937

44202

1. PLACE OF DEATH  
County Cooper Registration District No. 218 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3013 Registered No. 142  
City Boonville (No. St Joseph Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Mrs Polly Shields  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. New Franklin Mo.  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 - 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 9 14  
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. At Home  
10. Date deceased last worked at this occupation (month and year) Aug - 1936 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

MOTHER FATHER 13. NAME David Feltner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Pa.

15. MAIDEN NAME Polly Wilgong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo

17. INFORMANT James Shields (ADDRESS) New Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus Kan DATE Dec 9th 1936

19. UNDERTAKER Goodman & Baller (ADDRESS) Boonville, Mo

20. FILED \_\_\_\_\_ 19 X Registrar. \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936, to Dec 7, 1936

I last saw h. u. alive on Dec 6, 1936. Death is said to have occurred on the date stated above, at 24.5A m.

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

Tumor of spinal cord (malignant) Date of onset \_\_\_\_\_

Other contributory causes of importance: Secondary to carcinoma, syphilis, nephritis

Name of operation None Date of \_\_\_\_\_

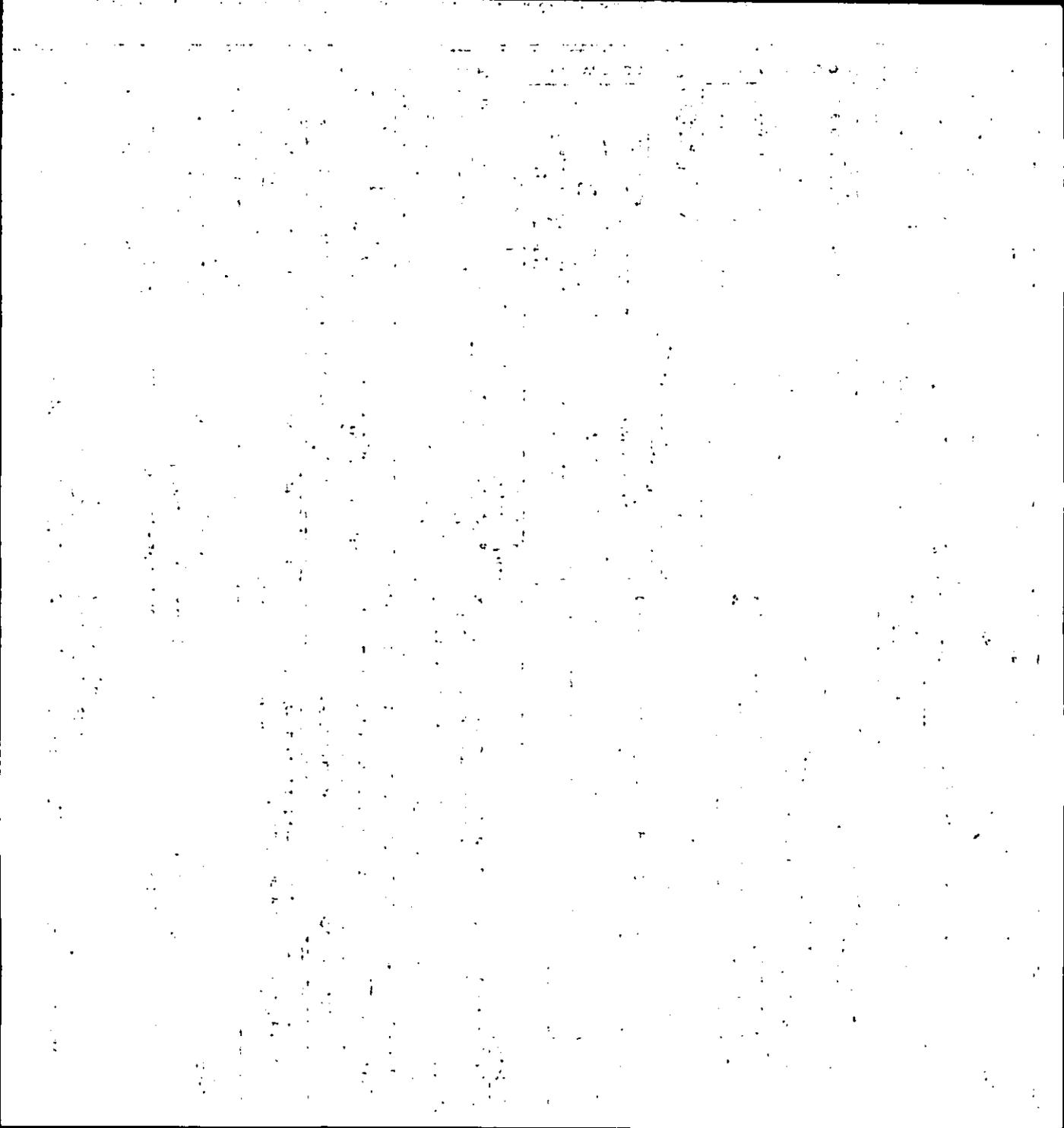
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Henry Ravenmeyer, M. D.  
(Address) Boonville, Mo



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Casper

Registration District No. 218

File No. ....

Township .....

Primary Registration District No. 3015-

Registered No. 142

City Boonville (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1936

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

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 9 14

Date of onset

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

Other contributory causes of importance:

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

Name of operation..... Date of.....

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

FATHER MOTHER

13. NAME

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

15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) A. Van Arman, M. D.

(Address) Boonville Mo

19. UNDERTAKER (ADDRESS)

20. FILED Dec 8 1936

D. Hooper  
Registrar.

SUPPLEMENTARY

S-44202