NOV 17 1937

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

Do not use this space.

37749

1. PLACE OF DEATH

County GRUNDY — Registration District No. 329 — File No.

Township Marion — Primary Registration District No. 5454a — Registered No.

City LAREDO (No. ..... St. ..... Ward)

2. FULL NAME LYDIA JANE SHEARROW

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. 9 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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. R. SHEARROW

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 9, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69		9	

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.
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) LINNEUS, LINN CO. MISSOURI

FATHER

13. NAME JOHN H. CHRISMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAREDO, GRUNDY CO. MISSOURI

MOTHER

15. MAIDEN NAME ELIZEBETH UTLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STATE OF KENTUCKY

17. INFORMANT (ADDRESS) Clifton Ishmael 1711 Pasco, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Oct. 20 1937

19. UNDERTAKER (ADDRESS) E. J. Robertson Laredo, Mo.

20. FILED 11-11- 1937 J. C. Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Oct 18, 1937
I last saw her alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset July 37

46

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ 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) E. J. Robertson, M. D.
(Address) Trenton Mo

N. B.—Every item of information [illegible] 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.