

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

Do not use this space.

40545

1. PLACE OF DEATH
County Audrain Registration District No. 24
Township Prairie Primary Registration District No. 4018
City Ladonia (No. _____) St. _____ Ward _____

2. FULL NAME Fannie Petrus Shields

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of (OR) WIFE OF) W. F. Shields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1859

7. AGE YEARS 78 MONTHS 2 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

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) Virginia

MOTHER FATHER 13. NAME Moabel McIntire

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

15. MAIDEN NAME Martha Amster

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

17. INFORMANT Miss Fannie McIntire (ADDRESS) Ladonia Mo.

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

19. UNDERTAKER H. G. Ranger (ADDRESS) Ladonia Mo.

20. FILED 1-1-2, 1937 W. F. McLesell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1937

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

I last saw h. _____ 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:
Natural Cause
" unknown "

Other contributory causes of importance:
200 lb

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) H. M. Marlow M.D.
(Address) _____

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

DEC 14 1937

