

REC'D MAY 11 1938

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

15210

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
 (b) Township Hudson Primary Registration District No. 3027
 (c) City Macon (d) Street No. _____ Registered No. 28
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Lois Shibley 140

(a) Residence, No. 216 Missouri St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED # HUSBAND OF George Shibley
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Co., Iowa

FATHER 13. NAME Eraustus Homer Roberts

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

MOTHER 15. MAIDEN NAME Martha Dill

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

17. INFORMANT Mrs. J. M. Ellis,
 (ADDRESS) Macon, Mo.

18. PLACE OF REMOVAL Green City, Mo. DATE 4/14/1938

19. FUNERAL DIRECTOR Albert Skinner
 (ADDRESS) Macon, Mo.

20. FILED 4/14 1938 Leola Kerstan Local Registrar. 476

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Nov 3 - 1937 to 4 - 13 1938I last saw her alive on Apr - 6 - 1938 Death is saidto have occurred on the date stated above, at 10 A.

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

Cerebral Hemorrhage Date of onset 11-37General Arteriosclerosis with Hypertensiong2M

Other contributory causes of importance:

General Arteriosclerosis with HypertensionName of operation None 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) A. L. Cambie M. D.(Address) Macon Mo

STATEMENT BY LICENSED EMBALMER

I, Albert Skinner, Licensed Embalmer No. 751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 751

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)