

REC'D FEB 23 1939

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

2524

Do not use this space.

## 1. PLACE OF DEATH

(a) County Howell Registration District No. 1110  
(b) Township Silvan Springs Primary Registration District No. 5541  
(c) City Silvan Springs, Mo. (d) Street No. \_\_\_\_\_ Registered No. 1  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Florence Susann Shoffner  
Silvan Springs, Howell Co., Mo. (If nonresident, give city or town and State)

## 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 Sam Shoffner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1868

7. AGE YEARS 70 MONTHS 7 DAYS 13 IF LESS THAN 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Louisiana, Pike Co. Mo.13. NAME Robert Shelby Boyd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Pike Co. Mo.15. MAIDEN NAME Susann Henderson Marshall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Ky.17. INFORMANT (ADDRESS) Mrs. Dora Hopson  
Neosho, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE Jan 28 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) none20. FILED Jan 27 1939 Mrs. Gladys F. Votis  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1939

22. I HEREBY CERTIFY, that I attended deceased from June 2 1938 to Jan 18 1939  
I last saw her alive on Jan 18 1939 Death is said to have occurred on the date stated above, at 2:40 A.M.  
The principal cause of death and related causes of importance were as follows:

~~Arteriosclerosis~~  
Arteriosclerotic Heart Disease Date of onset 1930  
95 B  
Other contributory causes of importance: Coronary sclerosis 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam 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. Ross Bohner M. D.  
350 (Address) West Plains, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**