REC'D MAR 15 1939

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

Do not use this space.

6174

1. PLACE OF DEATH
County: Cass
Township:
City: Pleasant Hill (No. , St. Ward)
Registration District No. 157
Primary Registration District No. 4091
File No.
Registered No. 9

2. FULL NAME: Amy Elizabeth Shapland

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 30, 1870

7. AGE: Years 68 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

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.: housekeeper
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): Burton, Illinois

FATHER
13. NAME: Isaac Newton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Mary Louise ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): J. W. Shapland, Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hill Mo DATE: Feb-24-1939

19. UNDERTAKER (ADDRESS): R. G. Nofsinger, Pleasant Hill

20. FILED: Feb-22, 1939 Mrs. Ette M. Aldridge, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/21/1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14/1939 to 2/21/1939
I last saw her alive on 2/20/1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 2/14/39

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Other contributory causes of importance:
Hypertension
Hyperthyroidism

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) L. J. Murray, M. D.
(Address) Pleasant Hill, Mo.

N. B.—Every item of information should be carefully 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.