

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

33153  
Do not use this space.

1. PLACE OF DEATH <sup>DECK</sup> OCT 10 1939  
 (a) County Demiseat Registration District No. 651  
 (b) Township Parthenouelle Primary Registration District No. 4388  
 (c) City Parthenouelle (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 Shirley Ann Vied  
 (a) Residence, No. W. 164 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 6 - 1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	<u>0</u>	<u>1</u>	<u>24</u>	

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. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Parthenouelle (STATE OR COUNTRY) Missouri

FATHER

13. NAME Charles P. Vied

14. BIRTHPLACE (CITY OR TOWN) Lancaster (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Pearl Stewart

16. BIRTHPLACE (CITY OR TOWN) Parthenouelle (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charles P. Vied  
Parthenouelle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parthenouelle, Mo. DATE 10/11/39

19. FUNERAL DIRECTOR (NAME) La Forge Inc. Co. (ADDRESS) Parthenouelle, Mo.

20. FILED Oct 19 1939 Ada Motter  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 30 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1939, to Sept 30, 1939  
 I last saw her alive on Sept 30, 1939. Death is said to have occurred on the date stated above, at 11:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Gastric Intestitis  
1142  
 Other contributory causes of importance: \_\_\_\_\_

Date of onset	<u>9/22/39</u>
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Name of operation Crem Date of \_\_\_\_\_  
 What test confirmed diagnosis Cholera 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) C. C. Carter, M. D.  
 (Address) Parthenouelle, 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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 3,

District File No. 1039-59

Date Filed 10/6/39

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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.....

Not Embalmed

....., 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.**