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

FILED SEP 5 1941

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

Do not use this space.

28085

1. PLACE OF DEATH
County: Clinton — Registration District No.: 206
Township: Lathrop — Primary Registration District No.: 5284A — File No.:
City: (No. St. Ward) — Registered No.: 17

2. FULL NAME: Nellie May Shreosbury

(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 60 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 HUSBAND OF (OR) WIFE OF: Charles L. Shreosbury
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 25 1879
7. AGE: Years 61 — Months 9 — Days 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.
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): Cass County Mo

FATHER
13. NAME: W. Perry Sewell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass County Mo

MOTHER
15. MAIDEN NAME: Katiena Frasier.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass County

17. INFORMANT (ADDRESS): C L Shreosbury
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lathrop Mo DATE: 7/20 1941
19. UNDERTAKER (ADDRESS): Dorris Funeral Home Lathrop Mo
20. FILED 7-23 1941 E B Dunkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-19 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1939, to 7-19 1941
I last saw him alive on July 14 1941. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism and thrombosis	7/15/41
Other contributory causes of importance:	
aspiration pneumonia	

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) Henry W. [illegible] D.O. M.D.
(Address) Lathrop Mo.

. No. 2B
—8-21-41
PI X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28085

Registration District No. 206 Primary Registration District No. 5284 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Lathrop (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clinton
(c) City or town: Lathrop Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 3/4 mi. S. of Lathrop (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Dollie M. Shrewsbury
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day: hr. min.
9. Birthplace: (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant:
(b) Address:
17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation:
18. (a) Signature of funeral director:
(b) Address:
19. (a) 10-6-41 (Date received local registrar) (b) E B Dimmison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 9 day year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury:
23. Signature: (M. D. or other)
Address: Date signed:

SUPPLEMENTARY