

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

Do not use this space.

31659

1. PLACE OF DEATH

10 County Cape Girardeau Registration District No. 129
Township Shawnee Primary Registration District No. 5180
City..... (No.) St. Ward)

File No.
Registered No. 33

2. FULL NAME

Myra E. Shoults
(a) Residence, No. Rt. 1, N. Jackson, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. F. Shoults</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28-1865</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>4</u>	<u>27</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....			

12. BIRTHPLACE (CITY OR TOWN) New Wells
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Ransom Mitchel

FATHER 14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Blodfelder

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

17. INFORMANT Bertrude S. Ponder
(ADDRESS) Bertrude mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Apple Creek Cemetery DATE Oct. 27, 1932

19. UNDERTAKER Raiseubichler & Pies
(ADDRESS) Peabody, Mo.

20. FILED Oct 26, 1932 G. J. Schoss
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1932

22. I HEREBY CERTIFY. That I attended deceased from Sept 27, 1932 to Oct 25, 1932
I last saw him alive on Oct 25, 1932. Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:
Acute Pyelitis 193
193A
193B
Other contributory causes of importance:
Acute Pyelitis 1

8. Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. L. Schoss, M. D.
(Address) Peabody, 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. NOV 22 1932

