

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

Do not use this space.

18919

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 872 Primary Registration District No. 2009
City St. Louis (No. 872) St. St. Louis Ward St. Louis

2. FULL NAME

(a) Residence, No. 870 St. Louis St. St. Louis Ward St. Louis
(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 HUSBAND OF (OR) WIFE OF Mrs. H. H. Shoults
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1879
7. AGE YEARS 53 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cape County (STATE OR COUNTRY) 1

13. NAME M. Catner

14. BIRTHPLACE (CITY OR TOWN) Cape County (STATE OR COUNTRY) 1

15. MAIDEN NAME Kissick Reed

16. BIRTHPLACE (CITY OR TOWN) Cape County (STATE OR COUNTRY) 1

17. INFORMANT Mr. H. H. Shoults (ADDRESS) 870 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Cemetery DATE June 28 1932

19. UNDERTAKER Printed Name (ADDRESS) Cape Girardeau Mo

20. FILED 6/28 1932 never Samuel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1932

22. I HEREBY CERTIFY That I attended deceased from 3-2 1932 to June 27 1932

I last saw her alive on June 27 1932 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

Gastro Intestinal spasms about Dec 1931
1/6/32

Other contributory causes of importance:

Name of operation Exsiccation Date of 5/16/32

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

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?

If so, specify

(Signed) W. R. Schoen M. D.

(Address) Cape Girardeau Mo

MAY 4 1943

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau
Township _____
City _____ (No. _____)

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 157
St. _____ Ward _____

2. FULL NAME

Rebecca Shoults

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED

8/20 35 Lockamp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Gastro Intestinal Cancer Date of onset _____

Original seal of cancer insurance

Had advanced cancer

Other contributory causes of importance:

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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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

S-18919