

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

Do not use this space.

38999

1. PLACE OF DEATH

27 County Casper Registration District No. 218
2 Township _____ Primary Registration District No. 3015
4 City Boonville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 119

2. FULL NAME

Elicia May Shipton
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____

Fortuna Mo
(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 Harriet J. Shipton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 39 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min. _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Boonville (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Russell

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

MOTHER 15. MAIDEN NAME Margaret Vantsoell

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

17. INFORMANT Name J. Shipton (ADDRESS) Fortuna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain DATE 12-18-32

19. UNDERTAKER Jemell E. Richards (ADDRESS) Boonville Mo

20. FILED 12/18 19. 32 J. Russell Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Dec 18 1932
I last saw h. et. alive on Dec 16 1932 Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

Acute peritonitis caused by tubercle infection.
12/16/32
Other contributory causes of importance: none

Name of operation Drainage abscess of Douglas Date of Dec 16-1932
What test confirmed diagnosis? specimen 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) Allen R. Rowan M. D.
(Address) Boonville Mo

UNFADING INK--THIS IS A PERMANENT RECORD

JAN 22 1933

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper Registration District No. 218
Township Boonville Primary Registration District No. 3015-
City Boonville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME

Elsie May Thigton

(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 M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 3 18

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 _____, 1932

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/18 1932 J. P. Purcell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1932

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

Other contributory causes of importance: _____
Date of onset _____

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) _____

SUPPLEMENTARY

PERMANENT RECORD

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

Was this a few-
erperal case?

~~no~~

Every effort to obtain the following information, indicated by check marks, lacking from the death certificate. 117

Name: Elsie May Hurston
Who died at Coonville, Mo. on Dec. 18, 1932,
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as _____ (b) Industry or business in which work was done, as silk mill, saw mill, _____
sp. _____, sawyer, bookkeeper, etc. bank, etc.

Date ceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Acute Peritonitis caused by tubal infection - (Streptococcus infection)
Other contributory causes of importance: none - Drained abscess

Name of operation _____ Date of _____ of Douglas county

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.