

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

Do not use this space.

31041-7

453

File No. 453

Registered No. 453

1. PLACE OF DEATH
County New Madrid
Township New Madrid
City Louis Short

Registration District No. 604
Primary Registration District No. 5802

St. _____ Ward _____

2. FULL NAME Louis Short
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mary Belle Short
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1927 to Oct 25 1927, that I last saw him alive on Oct 23 1927, and that death occurred, on the date stated above, at 2:30 P.M.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer - of Stomach
46 B
44 W
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Quincy (STATE OR COUNTRY) Mo
10. NAME OF FATHER James Short
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Bordelia Pearson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

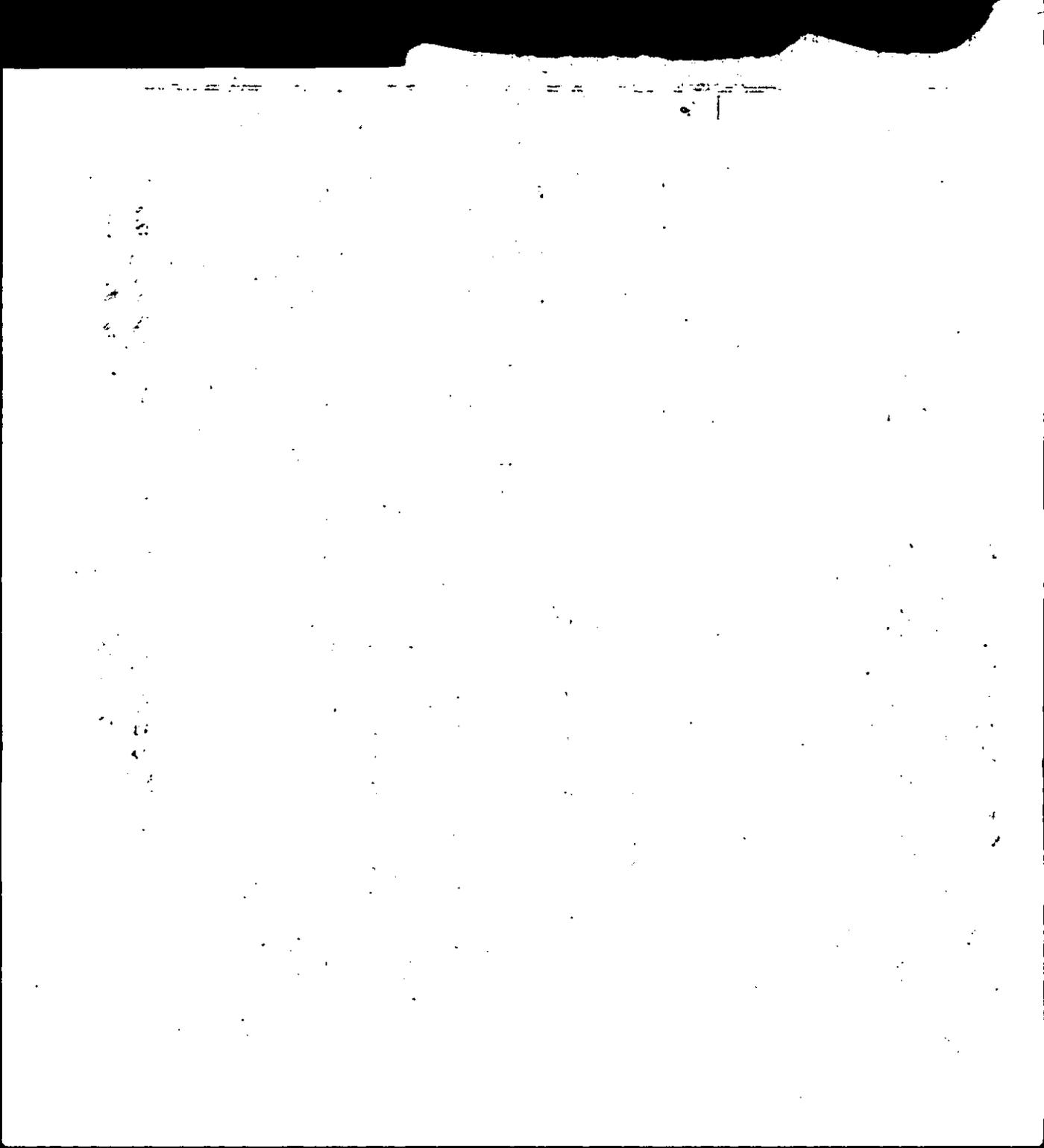
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____
0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Thyroid Gland
(Signed) W. D. Edgels, M. D.
, 19 (Address) _____

14. INFORMANT Mary B. Short (Address) New Madrid

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 4/3 28 19 28 McDonnon REGISTRAR

PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's DATE OF BURIAL Oct 26 1927
20. UNDERTAKER C. B. Rich & Nut Co ADDRESS New Madrid



**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 New Madrid Registration District No. 604 File No.
 Township " " Primary Registration District No. 5-802 Registered No. 433
 City (No.) St. Ward

2. FULL NAME

Louis Short

(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 m 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.
57 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) (duration) yrs. mos. ds.
 (c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 6/13 1928 W. B. Bannan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1927

17. I HEREBY CERTIFY That I attended deceased from 19.....
 that I last saw h. alive on 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

S-31041 F