

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

Do not use this space **36025**

1. PLACE OF DEATH

County Shelby
Township Bethel
City (No.) St. Ward)

Registration District No. 826
Primary Registration District No. 6287

File No. 12
Registered No.

2. FULL NAME

Louidas Danarell

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
73 | 11 | 25 | = | =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Monroe Co. Mo.

10. NAME OF FATHER

Alpheus Danarell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Monroe Co. Mo.

12. MAIDEN NAME OF MOTHER

Lepine Stibling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Monroe Co. Mo.

14. INFORMANT

E. M. Danarell
(Address) Shelbyville, Mo.

15. FILE

Oct. 16, 1929 Mrs. L. Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-15-1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide - shot himself in the head with a shotgun.
167

CONTRIBUTORY (SECONDARY)

170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Request deemed not necessary

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. P. Thompson, Coroner M. D.
, 19 (Address) Shelbyville, Mo.

*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

Shelbyville, Mo. Oct. 17, 1929
D.O.F. Cemetery

20. UNDERTAKER ADDRESS

J.W. Thompson Son Shelbyville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A 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.

Handwritten: 8 19 29

