

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

Do not use this space.

4622

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85

Township St. Joseph, Mo. Primary Registration District No. 1001

City St. Joseph, Mo. No. 2840 Plattsburg Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 143

**2. FULL NAME**

(a) Residence No. 2840 Plattsburg Ave., St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

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

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

July 24, 1847

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
83	6	10	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stone Mason 26

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

**9. BIRTHPLACE (CITY OR TOWN)**

Portland, Indiana 2

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Thomas Shagart

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Margaret Amford

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

**14. INFORMANT**

Ray Wheat  
St. Joseph, Mo.

(Address)

**15. FILED**

John K. Bender  
REGISTRAR

FILED 9 1931

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930 to Feb 4, 1931 that I last saw him alive on Feb 5, 1931, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

137  
97

Arterial sclerosis  
(duration) Unknown

CONTRIBUTORY (SECONDARY) Enlarged prostate gland  
(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 5-1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Herri Beck, M. D.

(Address) St. Joseph, 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**

Mt. Auburn

**DATE OF BURIAL**

Feb 6, 1931

**20. UNDERTAKER**

Fleeman Funeral Home 1946 Ballman

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.

