

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

Do not use this space.

17508

*Lee Shuck*  
File No. 60  
Registered No. 218

**1. PLACE OF DEATH**

County Cooper  
Township \_\_\_\_\_  
City Brownville (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3015

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

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

Male white married

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

Mrs Charles Dohy

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

July 6 - 1857

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>10</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Labourer

(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) Missouri

**10. NAME OF FATHER**

unknown

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

(STATE OR COUNTRY) Mo

**12. MAIDEN NAME OF MOTHER**

11

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

(STATE OR COUNTRY) Mo

**14. INFORMANT**

Mrs Charles Shuck  
(Address) Brownville Mo

**15. FILED**

5/28, 1931 G. Russell  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 20 1931

**17. I HEREBY CERTIFY, That I attended deceased from**  
May 18, 1931, to May 18, 1931,  
that I last saw him alive on May 18, 1931, and that death occurred, on the date stated above, at 5 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremic convulsions  
132A

**CONTRIBUTORY (SECONDARY)**

132A (duration) yrs. mos. ds.

**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?**  
(Signed) Lee J. Shuck M. D.  
5/23, 1931 (Address) Brownville 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**

Walnut Grove cemetery May 23 1931  
**20. UNDERTAKER** Godman + Bolter  
ADDRESS Brownville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1931

