

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.

JUL 29 1931

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

Do not use this space.

25934

1. PLACE OF DEATH  
County Polk Registration District No. 705  
Township Benton Primary Registration District No. 3934  
City          No.          St.          Ward         

2. FULL NAME Jan Alfred 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 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) June 24-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
         12

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) Hallway Mo

13. NAME Jan Alfred Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallway Mo

15. MAIDEN NAME Emma Brady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallway Mo

17. INFORMANT (ADDRESS) Charley A Short

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ragsdale DATE July 6 1931

19. UNDERTAKER (ADDRESS) Hutchinson Blue  
Benton

20. FILED: July 6 1931 Chas Short  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1931

22. I HEREBY CERTIFY That I attended deceased from June 24 1931 to July 6 1931  
I last saw him alive on July 6 1931. Death is said to have occurred on the date stated above, at 5 A. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset         

820A  
820W

Other contributory causes of importance:         

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) J. D. Winkler M. D.  
(Address) Hallway Mo

1942