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

Do not use this space.

32296

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township Ft Francois — Primary Registration District No. 6018A — Registered No. 117
City Near Farmington Mo. (No. ..... St. ..... Ward)

2. FULL NAME Jno C. Shaub
(a) Residence. No. Thomasville Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	w	m

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	?	?	

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

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

PARENTS
10. NAME OF FATHER Joseph Shoots
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Wair
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson Ohio
(STATE OR COUNTRY)

14. INFORMANT Hosp. Records
(Address)

15. FILED 9-7, 1931 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-27, 1931, to 9-6, 1931 that I last saw him alive on 9-6, 1931, and that death occurred, on the date stated above, at 11 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arterio Sclerosis
77
162 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senile Dementia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P. J. Fair, M. D.
, 19 (Address) Hosp. #4 Farmington 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
Birchtree Mo.	9-10 1931
20. UNDERTAKER Neidert Mud Co	ADDRESS Igton

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

OCT 26 1931