

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.

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

Do not use this space.

35448

NOV 28 1931

1. PLACE OF DEATH

County Ray
Township XV--E
City Ray (No. _____)

Registration District No. 915
Primary Registration District No. 6236

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Augustus Stahl Shardler

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Shardler</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11, 1857</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Virginia

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT D. G. Gaines
(ADDRESS) Ray, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ray, Mo. DATE 10 20 31

19. UNDERTAKER C. M. Jones
(ADDRESS) Raymond Mo.

20. FILED _____, 19 _____ Registrar _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to Oct 19, 1931
I last saw her alive on Oct 19, 1931. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Influenza-Pneumonia
Angina Pectoris set: 12 '31
Other contributory causes of importance:
9/11
11/4
9/4

Name of operating _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify _____
(Signed) D. G. Gaines, M. D.
(Address) Rayville, Mo. R 27

