

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

Do not use this space.

38330

1. PLACE OF DEATH

County Miller Registration District No. 561
 Township Stane Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 87

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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Piratt-Shiffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Conductor

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) Auburn Indiana

13. NAME George E Shiffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Severn Mills Butler, Ohio

15. MAIDEN NAME Laura S Swihart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn Indiana

17. INFORMANT Hazel Shiffer (ADDRESS) Eldon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon, Mo DATE Nov 24 1931

19. UNDERTAKER W. A. Phillips (ADDRESS) Eldon, Mo

20. FILED 11-23 1931 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1931, to 11/22, 1931
 I last saw him alive on 11/18, 1931. Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1929
23A
213
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? Y

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? Y
 If so, specify A. J. Walker, M. D.
 (Signed) _____ (Address) Eldon, Mo

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.

3195

