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

Do not use this space. 28838

1. PLACE OF DEATH
27 County Cooper — Registration District No. 221 — File No.
Township Otterville #2 — Primary Registration District No. 5302 — Registered No.
City (No. Otterville R.F.D. #2 St. Ward)

2. FULL NAME James E. Shy
(a) Residence. No. Otterville R.F.D. #2 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

OCT 25 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Shy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 - 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	0	4	

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)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Beyer Shy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Sallie Bourn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

14. INFORMANT Dollie Boulware
(Address) St Louis Mo

15. FILED 9/22, 1932 Robt L Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 20 1932

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to —, 19 that I last saw h. M. alive on September 20, 1932, and that death occurred, on the date stated above, at 3:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Nephritis Chronic parenchymatous
93 H
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvular disease, Chronic Cardiac Mitral insufficiency (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? — 131 (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Charles D. Stone, M. D
, 19 (Address) Otterville 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: Crown Hill — DATE OF BURIAL: 9-22 1932

20. UNDERTAKER: McLaughlin Bros — ADDRESS: Sedalia

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.