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

Do not use this space.

37352

File No. .....

Registered No. 116

Registration District No. 628

Primary Registration District No. 3031

1. PLACE OF DEATH
County Nodaway
Township .....
City Maryville (No. ....., ... St. ..... Ward)

2. FULL NAME WIlliam Allen Shinabarger

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances E. Shinabarger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24th, 1854

7. AGE: Years 79 | Months 8 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Valparaiso, Ind

FATHER

13. NAME Wm B. Shinabarger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Sarah Ann Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT S. A. Montgomery
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE White Cloud DATE Nov 4th 1933

19. UNDERTAKER Price Funerl Home
(ADDRESS) Maryville, Mo.

20. FILED 11-9 1933 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1933, to Nov 3rd, 1933
I last saw h... alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at 1:40 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Combined Sclerosis	
Apoplexy	

Other contributory causes of importance:
81 Y.
82 Y

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. M. Kelley Jr, M. D.
(Address) Physician

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.

WRITE PLAINLY, WITH INKING INKLINGS OF A FEW WORDS ONLY

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