NOV 26 1935

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

Do not use this space.

33049

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408 — File No.:

Township: — Primary Registration District No.: 3020 — Registered No.:

City: Carthage (No. , St. Ward)

2. FULL NAME: Frank Shaffer

(a) Residence, No. 1003 S. Maple St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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: Sarah Shaffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 8, 1859

7. AGE: Years 76 — Months 0 — Days 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Irving School

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): Mona Illinois

FATHER

13. NAME: George Shaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Rosina Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mabel Shaffer, 1003 S. Maple Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Park Cemetery DATE Oct. 24 1935

19. UNDERTAKER (ADDRESS): Gregg Mortuary, Carthage, Missouri

20. FILED Oct. 24 1935 S. B. Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935 to Oct 22 1935

I last saw h. liv. alive on Oct 22 1935 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Pylorus — Date of onset: May '35

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? X-ray 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?

If so, specify:

(Signed) R. N. Nebitt, M. D.

(Address) Carthage Mo.

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 UNFADING INK—THIS IS A PERMANENT RECORD

100M-3-28-35