

FEB 20 1933

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

Do not use this space.

146

1. PLACE OF DEATH

County Bates
Township Osage
City (No.) Ward

Registration District No. 03
Primary Registration District No. 0012

File No.
Registered No. 2

2. FULL NAME

George Henry Shayer

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-12-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 1 2

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

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) Missouri

13. NAME George W. Shayer

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

15. MAIDEN NAME Theodocia E. Lyons

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

17. INFORMANT G.W. Shayer
(ADDRESS) Rich Hill

18. BURIAL, CREMATION OR REMOVAL
PLACE Green Lawn DATE Jan-16-1933

19. UNDERTAKER Pond & Reailey
(ADDRESS) Rich Hill, Mo.

20. FILED Jan 16 1933
Rich Hill, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Jan 14 1936

I last saw him alive on Jan 14 1936. Death is said

to have occurred on the date stated above, at 12:15 P.M.

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

Septic Sore Throat
Pharyngeal Abscess (R)
Robert (Double) Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 Robert Smith M. D.

(Signed) Rich Hill, Mo.

(Address)

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.

