

DEC 18 1936

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

Do not use this space.

40532

1. PLACE OF DEATH

County CaldwellTownship FairviewCity Braymer, Mo.Registration District No. 92Primary Registration District No. 5139

File No. _____

Registered No. 18

St. _____ Ward _____

2. FULL NAME

Ernest berry Shaffer

(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 11 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Shaffer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15th, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>8</u>	<u>17</u>	

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) May 193611. Total time (years) spent in this occupation. 3712. BIRTHPLACE (CITY OR TOWN) Cowgill
(STATE OR COUNTRY) Missouri13. NAME Pleasant Shaffer14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)15. MAIDEN NAME Ellen Diddle16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)17. INFORMANT Glen Shaffer
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hope Hall DATE 11/4/3619. UNDERTAKER B. F. Mead
(ADDRESS) Braymer, Mo.20. FILED Nov 4 1936 H. H. Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 193622. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to Nov 2, 1936I last saw him alive on Oct. 29, 1936. Death is saidto have occurred on the date stated above, at 2:15 P. m.

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

Carcinoma of LarynxDate of onset
Feb. 24

Other contributory causes of importance:

Name of operation Laryngotomy Date of Feb 18 33What test confirmed diagnosis? Microscopic Was there an autopsy? no23. 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? no

If so, specify _____

(Signed) Geo. S. Dorwell, M. D.(Address) Braymer, 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.

1926-11-2
1879-2-13

57-8-17