

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

Do not use this space.

6437

1. PLACE OF DEATH

County Goshawk Registration District No. 309
 Township Paris Primary Registration District No. 1002
 City Paris, Mo. St. Mo. Registered No. _____ (Ward)

2. FULL NAME

(a) Residence, No. Liberty, Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Ophelia Short</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 1899</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>9</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>	
	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) <u>Neary, Mo.</u>		
MOTHER	13. NAME <u>W. Kennedy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burton, Mo.</u>	
	15. MAIDEN NAME <u>Ida Ophelia Short</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Mo.</u>		
17. INFORMANT (ADDRESS) <u>W. W. Short, Liberty, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park, Paris, Mo.</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Short, Liberty, Mo.</u>		
20. FILED <u>2-13-37</u> <u>M. M. Crowe, Reg.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1937 to Feb. 12 1937
 I last saw him alive on Feb. 11 1937 Death is said to have occurred on the date stated above, at 7:35 P. M.
 The principal cause of death and related causes of importance were as follows:
Collapsure of left lung
Sudden - (twice)
45 minutes
 Date of onset 2-12-37

Other contributory causes of importance:
Post operative hernia 2-2-37

Name of operation Double original hernia Date of 2-2-37
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
 If so, specify _____
 (Signed) F. J. Sourey, M. D.
 (Address) 102 E. Lathrop Bldg. Hannan City, 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.

