

AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85File No. 24815

Township

Primary Registration District No. 1001Registered No. 776City St. Joseph(No. Missouri Methodist Hospital St. Ward)2. FULL NAME David Marion Shaline(a) Residence, No. 1208 S. 19th. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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 OFAnnie J. Shaline6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1859.

7. AGE

YEARS 78MONTHS 7DAYS 23If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Barber9. 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) 1950.11. Total time (years)
spent in this
occupation ?12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
Ohio

MOTHER FATHER

13. NAME Samuel Shaline14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
Unknown15. MAIDEN NAME Fannie Kimberline16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
Unknown17. INFORMANT E. H. Shaline
(ADDRESS) R. F. J. #6 St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL I. O. O. F. Gent.
PLACE St. Joseph, Mo. DATE July 26, 193819. UNDERTAKER H. O. Sidenfaen and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.20. FILED 7/26/38 H. H. Baetzler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1938 to July 24, 1938.I last saw him alive on July 23, 1938. Death is saidto have occurred on the date stated above, at 1:10 A.M.

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

Date of onset

Generalized arteriosclerosis
Acute Myocarditis
Chronic BronchitisOther contributory causes of importance: 7.25Name of operation None Date of What test confirmed diagnosis? Sub. 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? NoIf so, specify (Signed) Orville W. Stearns M. D.(Address) 353 North 2nd St. St. Joseph, 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.

