

REC'D DEC 19 1938

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

Do not use this space.

38849

1. PLACE OF DEATH

17 County Covroll 2
Township Lebanon
City (No. 640)

Registration District No. 133
Primary Registration District No. 4-0-74
5184

File No. 11
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
79 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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

FATHER 13. NAME Isaac Shirley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Everett Shirley
(ADDRESS) Covroll, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith DATE Nov 6 1938

19. UNDERTAKER E. A. Wescor
(ADDRESS) Boyard, Mo.

20. FILED 11-4 1938 Jamie Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1938

I HEREBY CERTIFY that I attended deceased from Nov 2 1938 to Nov 3 1938

I last saw him alive on Nov 2 1938 Death is said

to have occurred on the date stated above, at 7:45 p.m.

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

Apoplexy. Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. A. Wescor M. D.
(Address) Boyard 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/3/58