

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

Do not use this space.

FILED JUL 12 1943

20712

**1. PLACE OF DEATH**

County HITCHISON  
Township Union  
City ROCK PORT 1 (No. 1)

Registration District No. 4  
Primary Registration District No. 4012

File No. 37  
Registered No. KA 11  
St. 1 Ward

**2. FULL NAME**

JAMES H. SHAVER  
(a) Residence, No.                      St.                      Ward.                       
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-3-1858</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>11</u>
	DAYS <u>29</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>RETIRED FARMER</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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1, 1943  
22. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1943 to May 2, 1943  
I last saw him alive on May 2, 1943 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Ulcer of Stoma  
Gastric Hemorrhage  
Gastric Ulcer  
Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ROCK PORT MO. 0</u>
	13. NAME <u>JOHN M. SHAVER</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN VIRGINIA 1</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" VIRGINIA 1</u>
	17. INFORMANT (ADDRESS) <u>Otis Shaver Rock Port Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BURIAL English Grove DATE 5-4 1943</u>
	19. UNDERTAKER (ADDRESS) <u>Geat Bartholomew Rock Port Mo</u>
	20. FILED <u>May 6</u> , 19 <u>43</u> <u>Mrs. Hubert Townsend</u> Registrar.

Name of operation 11701 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) Chas. J. Little, M. D.  
(Address) Rock Port, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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