

PLACE OF DEATH  
 County Buchanan  
 Township Wayne  
 or  
 Village  
 or  
 City

Registration District No. 86 File No. 40648-73-1  
 Primary Registration District No. 5178 Registered No. J.B.  
 (NO. 7th St. St. Joseph Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME James Martin Shockley

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (If write the word)
DATE OF BIRTH <u>Oct 18</u> <sup>42</sup> (Month) (Day) (Year)		
AGE <u>69</u> yrs. <u>1</u> mos. <u>16</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Employer</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>		
PARENTS	NAME OF FATHER <u>Luncher Shockley</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>	
	MAIDEN NAME OF MOTHER <u>Mary Anderson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 24, 1911, to Dec 3d, 1911, that I last saw him alive on Dec 3d, 1911, and that death occurred, on the date stated above, at 2:25 p.m.

The CAUSE OF DEATH\* was as follows:  
Paralysis  
87 D  
10 11 (Duration) yrs. 2 mos. \_\_\_ ds.  
 Contributory Arteriosclerosis  
 (SECONDARY) (Duration) yrs. \_\_\_ mos. 3 ds.  
 (Signed) J.B. Shockley M. D.  
Dec 5, 1911 (Address) St Joseph mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 Where was disease contracted  
 If not at place of death?  
 Former or usual residence.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J.B. Shockley  
 (ADDRESS) Northville Kans

PLACE OF BURIAL OR REMOVAL Troyer Mo. DATE OF BURIAL Dec 6, 1911  
 UNDERTAKER H.D. Siderfaden ADDRESS 211-15th St

Filed Dec. 5, 1911 J.B. Baumbach  
 REGISTRAR

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.

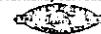
# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH  
 County Buchanan  
 Township Wayne  
 Village \_\_\_\_\_  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 86 File No. \_\_\_\_\_  
 Primary Registration District No. 5178 Registered No. 83

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME James Martin Shockley

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE M MARRIED W WIDOWED W OR DIVORCED W (Write the word)

DATE OF BIRTH 10/18/84  
 (Month) (Day) (Year)

AGE 29 yrs. 1 mos. 16 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Employer

BIRTHPLACE (City or town, State or foreign country) Mo. Unknown

NAME OF FATHER Lunchford Shockley

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo. Unknown

MAIDEN NAME OF MOTHER Mary Anderson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. B. Shockley  
 (ADDRESS) Monticello Mo.

Filed Jan 7 1912 J. J. Bausbach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/4, 1911  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/3, 1911, to 12/3, 1911, that I last saw him alive on ", 1911, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
Paralysis  
+ Cerebral haemorrhage  
 (Duration) yrs. mos. ds.

Contributory Pneumonia  
 (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. H. Campen M. D.  
Dec 5, 1911 (Address) St. Joseph

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Crozer Mo. DATE OF BURIAL 12/6, 1911

UNDERTAKER Ed. Deufaden ADDRESS 211 N. 10

DEC 5 - 1911

# Revised United States Standard Certificate of Death

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Association]

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