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

Do not use this space.

DY. 98679

1. PLACE OF DEATH
County Johnson
Township Warrensburg
City " No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. .....
Registered No. .....

2. FULL NAME George S Shockelford
(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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Shockelford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 1853

7. AGE: YEARS 74 | MONTHS 1 | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER B. F. Shockelford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary Mulling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn

14. INFORMANT Lizzie Shockelford
(Address) 201 West North St

15. FILED 3-19 1927 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Mar 19, 1927 that I last saw h..... alive on Mar 18, 1927, and that death occurred, on the date stated above, at 1:35 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Thyroid
53 E
49
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Wm E Johnson, M. D
Mar 19, 1927 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Warrensburg Mo
DATE OF BURIAL: March 20 1927

20. UNDERTAKER: Sweeney-Gore Phillips
ADDRESS: Warrensburg 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.