WHITE FLINEY, 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.

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6563

City St Louis Mo. (No. Josephine Hospitial St. 6 Ward)

2. FULL NAME Abraham F. Shantz

(a) Residence. No. ..... St., 17 Ward. Sherman Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 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: Husband of Ruth Shantz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 1898.

7. AGE: 28. YEARS; 6. MONTHS; 9. DAYS; If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER I.W. Shantz.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Isabell Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sherman
(STATE OR COUNTRY) Mo.

14. INFORMANT I.W. Shantz
(Address) Sherman Mo.

15. FILED 11 19 1927 19 Max C. Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16. 1927

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1927, to July 16, 1927, that I last saw him alive on 7-16-, 1927, and that death occurred, on the date stated above, at 7 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
appendicitis abscess due to appendecitis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis & General Septaraemia Operation for Appendicitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Sherman Mo.
IF NOT AT PLACE OF DEATH? ~~Josephine Hospital~~
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 7/9/27
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? clinical & surgical

(Signed) C.W. Gaertner, M.D.
7/19, 1927 (Address) 2320 S. Grand Ave.

*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: Hiram Cemetery
DATE OF BURIAL: July 19 1927

20. UNDERTAKER: A. H. McLaughlin
ADDRESS: 1631 Missouri