

OCT 25 1927

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

Do not use this space.

26732

1. PLACE OF DEATH

County Cass  
Township Pembler  
City \_\_\_\_\_

Registration District No. 156  
Primary Registration District No. 5220

File No. \_\_\_\_\_  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elisha Hare Shingleton

(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 9 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 Albira Shingleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>6</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Patrol in C. Home  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hampshire Co. West Va

10. NAME OF FATHER John Shingleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Hampshire Co. West Va

12. MAIDEN NAME OF MOTHER Katherine Poland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Hampshire Co. West Va

14. INFORMANT Case of Sister  
(Address) Harrisonville Mo.

15. FILED 9/23  
Eliza H. Amant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21 19 27

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1927, to Sept. 20, 1927 that I last saw him alive on Sept. 20, 1927, and that death occurred, on the date stated above, at 5:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY)

131  
129 A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? H. G. May

(Signed) \_\_\_\_\_, M. D.

, 19 (Address) Harrisonville 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

Orient Cemetery

DATE OF BURIAL

9/22 19 27

20. UNDERTAKER

Runnomburger Bros & Co

ADDRESS

Harrisonville Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

