

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

Do not use this space.

29614

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 1001  
 City St. Joseph Methodist Hospital

File No. \_\_\_\_\_  
 Registered No. 1071  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Blockton Iowa  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 1 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 Grace Shearer  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29-1889  
 7. AGE YEARS 38 MONTHS 5 DAYS 21 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) (Retired) (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Conway Iowa  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Shearer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ely. Eaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa  
 (STATE OR COUNTRY)

14. INFORMANT Mrs Grace Shearer

(Address) Blockton Iowa

15. FILED OCT 20 1927 John G. Webb REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1927, to Oct 20, 1927 that I last saw him alive on Oct 19, 1927 and that death occurred, on the date stated above, at 8:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Appendicitis  
(Ruptured appendix)  
 12/11/27 (duration) yrs. mos. 6 ds.

**CONTRIBUTORY (SECONDARY)**

1170  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Blockton Iowa

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 19, 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) M. G. Schmidt M. D.

10720, 1927. (Address) 8th & Francis, St. Joseph Mo.

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Blockton Iowa Oct 21 1927

**20. UNDERTAKER**

**ADDRESS**

Rock Funeral Home 906 S. 9th

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.

