1928

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

Do not use this space.

1. PLACE OF DEATH
County Pike
Township Calumet
Registration District No. 681
Primary Registration District No. 4405
File No. 14367
Registered No.
(City of Paynesville ... St. ... Ward)

2. FULL NAME James Lee Shields.
(a) Residence. No. ... St., ... Ward. Timewell, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 5 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~~ Inez Shields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1906

7. AGE: 23 YEARS | MONTHS: 1 | DAYS: 29 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Oiler
(b) General nature of industry, business, or establishment in which employed (or employer) Dong Line
(c) Name of employer M. W. O'Meara Quincy Ill

9. BIRTHPLACE (CITY OR TOWN) Timewell, Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Shields.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ✓
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Enolia Norton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY)

14. INFORMANT Inez Shields
(Address) Paynesville Missouri

15. FILED ~~May~~ April 26 1928 Chas. S. Dwell REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1928 to April 19th, 1928 that I last saw him alive on April 19th, 1928, and that death occurred, on the date stated above, at 9:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 101 A
1106
(duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (SECONDARY) Pleurisy
(duration) ... yrs. ... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Robin J. Guy, M. D
, 19 (Address) Paynesville, 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: Mt Sterling Ill
DATE OF BURIAL: Apr 21 1928

20. UNDERTAKER: Harvey Clarrod
ADDRESS: Clarksville

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pike — Registration District No. 681 — File No. .....

Township Calumet — Primary Registration District No. 5909 — Registered No. .....

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Lee Shields

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 - 20 - 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED Apr 20 1928 Bettie Duvall Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19 1928.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D

, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B. — [illegible] information [illegible] carefully supplied. AGE should be stated [illegible] CAUSE [illegible] in plain terms, [illegible] may be properly classified. Exact statement of OCCUPATION is very important.

REGI[illegible] NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE [illegible] PRESCRIBED BY LAW

S-14367