

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 34176
 Township St. Louis Primary Registration District No. 1003 Registered No. 9721
 City St. Louis, (No. #4310 Washington) St. _____ Ward _____

2. FULL NAME

Levi J. Shrum
 (a) Residence. No. #4310 Washington Blvd. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. 19 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella Shrum</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 1st, 1864</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAY <u>X</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Brick Mason</u> (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) <u>Paris, Ind.</u>		
10. NAME OF FATHER <u>Moses L. Shrum</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
12. MAIDEN NAME OF MOTHER <u>Lucinda Wright</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1, 1928
 17.

I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Oct. 1, 1928, that I last saw him alive on Oct. 1, 1928, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
131
97 (duration) yrs. mos. 14 ds.
 CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. mos. 14 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? Chemical Laboratory
 (Signed) P. M. Gibson, M. D.
10/2, 1928 (Address) 437 Washington Blvd.

*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.

14. INFORMANT Mrs. Luella Shrum
 (Address) #4310 Washington
 15. FILED OCT - 2 1928 Max L. Starckoff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem, Ind. DATE OF BURIAL 10-3-1928
 20. UNDERTAKER C. R. Rupton ADDRESS 4449 Olive Street

WHITE PRINTING, 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.

Rob. Anc.

19