

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Wentzville

Registration District No. 189
Primary Registration District No. 6033B
(No. 3914 Carson Road)

File No. 38059
Registered No. 328
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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 OR (WIFE) Kate Shortell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17, 1862.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Candies Ice cream Soda water.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT (Address) Mrs. Kate Shortell 3914 Carson Road

15. FILED 11/5 1928 Wells Branch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3rd 1928.

17. I HEREBY CERTIFY That I attended deceased from January 14, 1928, to Nov 3, 1928 that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 8:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
95B
Acute Cardiac Dilatation (duration) yrs. mos. ds. 1
CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) yrs. mos. ds. 11 3 +

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

6 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) Geo. A. Johns M. D.
Nov 11, 1928 (Address) Box 2013 Ferguson 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 Calvary Cem. DATE OF BURIAL Nov. 6, 1928.

20. UNDERTAKER Geo. N. Clark ADDRESS 1120 N. Hodiamont

WRITE PLAINLY, 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.

Post office