

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

Do not use this space.

9738

23 1929

1. PLACE OF DEATH
 County.....Buchanan..... Registration District No.....86
 Township.....Center Wayne..... Primary Registration District No.....5128
 City.....(No.....).....St.....Ward.....

File No.....9238
 Registered No.....

2. FULL NAME.....Alec Shorow
 (a) Residence. No.....R.R.#5.....St.....Ward.....
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	11	24	

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).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....Quebeck
 (STATE OR COUNTRY).....Canada

10. NAME OF FATHER Pierre Shorow

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

12. MAIDEN NAME OF MOTHER Celest Bousquet

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

14. INFORMANT.....J.B. Shorow
 (Address).....R.R.#5

15. March 27 1929 J. Bousquet
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 19 29

17. I HEREBY CERTIFY, That I attended deceased from.....
March 24, 1929, to Mar 24, 1929.
 that I last saw h. im alive on March 24, 1929, and that death occurred, on the date stated above, at.....12-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
92A
29 (duration).....yrs. 6 mos. ds.

CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration).....yrs. mos. 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.....clinical
 (Signed).....J. F. Owens.....M. D.

Mar. 25, 19 29 (Address) Schneider Bldg.

*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. Olivet Cemetery DATE OF BURIAL March 27 1929

20. UNDERTAKER H.C. Sidusfader ADDRESS 1802 Union St.

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.

PARENTS

