

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

Do not use this space.

10422

1. PLACE OF DEATH

City Henry
Township Big Creek
City Henry (No.) (Ward)

Registration District No. 358
Primary Registration District No. 5503

File No.
Registered No.

2. FULL NAME

Jasper Newton Shivers

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

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

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

17. I HEREBY CERTIFY That I attended deceased from March 23, 1929 to March 24, 1929 that I last saw him alive on March 23, 1929 and that death occurred, on the date stated above, at 4 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 1863

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS 66 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. min.

Cancer of Rectum

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) Farm Work
(c) Name of employer

(duration) 1 yrs. 6 mos. da.
CONTRIBUTORY (SECONDARY) 45
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 16/24

10. NAME OF FATHER Wm Shivers
Fayette
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. B. Beatty, M. D.
3/25, 1929 (Address) Clinton Mo.

12. MAIDEN NAME OF MOTHER Nancy Coats
Fulton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

*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 Jasper N. Shivers
(Address) Kansas City Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carville DATE OF BURIAL Mch 25-29

15. FILED 3/26, 29 J. B. Beatty REGISTRAR

20. UNDERTAKER Sweeney And Cook, ADDRESS Clinton Mo

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.

24 1929

