

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

Do not use this space.

15974

MAY 27 1924

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.

CAUSE OF DEATH

County Joplin Mo Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2002 Registered No. 168
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Henry Shiner
 (a) Residence No. 410 Byron 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
61 10 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retail Meats
 (b) General nature of industry, business, or establishment in which employed (or employer) marketing
 (c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
 (STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER John Nixon Shiner

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

12. MAIDEN NAME OF MOTHER Ellen Madkiff

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

14. INFORMANT Mrs. Laura Shiner
 (Address) 410 Byron av

15. FILED 4-13-24 Dr. A. C. Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 11th 1924

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25th 1924 to Apr. 11th 1924.
 that I last saw him alive on Apr. 11th 1924, and that death occurred, on the date stated above, at 12:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinomatosis - primarily sigmoid.

18. (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) ? (duration) yrs. mos. da.

19. WHERE WAS DISEASE CONTRACTED Joplin, Mo.
 IF NOT AT PLACE OF DEATH.

20. HAD AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS Examination - general
 (Signed) Al. M. Munn, M. D.
 , 19 (Address) Joplin, 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 St. Hope Cem. DATE OF BURIAL Apr. 13 1924

20. UNDERTAKER Frank - Sierra ADDRESS Joplin Mo

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