

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

Do not use this space.

21348

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. 15
Registered No. 230
St. 5 Ward

2. FULL NAME

(a) Residence. No. 1447 W. Lexington Ward. 5
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 31 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker + Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mass Co Ind.
(STATE OR COUNTRY)

10. NAME OF FATHER Charles W. Short

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

12. MAIDEN NAME OF MOTHER Elizabeth Polk

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

14. INFORMANT Ellis Short, Jr.
(Address) 1447 W. Lexington St.

15. FILED 6-13, 1929 F. D. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to June 12, 1929, that I last saw h. alive on June 9, 1929, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108
97 / 010 (duration) yrs. mos. 3 ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. F. Braske, M. D.

4/12, 1929 (Address) Independence, 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 Mound Grove Cem. DATE OF BURIAL 6-14-1929

20. UNDERTAKER J. L. Latta ADDRESS Indep., Mo.

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.

JUN 25 1929

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