

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

Do not use this space.

12975

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. J.P.D.P.
 City Little-Blue-Mo. (No. Jackson Co. Home) St. _____ Ward _____

2. FULL NAME

Fred Shamerlo
 (a) Residence. No. Jackson County Home 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Male white widower

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

unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 10 22

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT J. M. Hestler (Address) Jackson Co. Home

15. FILED J. W. D. REGISTRAR J. W. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to 4-28, 1930 that I last saw him alive on 4-27, 1930, and that death occurred, on the date stated above, at 8 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonium Arterial

71A

(duration) yrs. mos. ds. 580

CONTRIBUTORY (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. M. Hestler, M. D.

4/28, 1930 (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 _____ DATE OF BURIAL 5/1 1930

20. UNDERTAKER Wm. H. Hestler ADDRESS 11.11

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 26 1930

27

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