

JUN 24 1930

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

Do not use this space.

15471

1. PLACE OF DEATH

County Caldwell

Registration District No. 96

Township Hamilton

Primary Registration District No. 4058

City Hamilton (No.) St. Ward)

File No.

Registered No. 16

2. FULL NAME William Shively

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Jantha Adeline Shively

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 1851

7. AGE

YEARS 78

MONTHS 11

DAYS 29

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Windsor Co.

(STATE OR COUNTRY)

10. NAME OF FATHER

Wm Shively

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Nancy Vander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Wm Shively
Hamilton Mo

15.

FILED

May 17 1930
Windsor
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10 1930 to May 16 1930, and that I last saw him alive on May 16 1930, at 5:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
930
107A

CONTRIBUTORY (SECONDARY) Myocarditis (chronic)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF ...

20. WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm Shively, M. D.

*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

Highland Cemetery

DATE OF BURIAL

5718 1930

20. UNDERTAKER

John Houghton

ADDRESS

Hamilton

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.

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