G 20 1930

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

Do not use this space.

22059

1. PLACE OF DEATH
County Buchanan — Registration District No. 83 — File No.
Township Washington — Primary Registration District No. 5 — Registered No.
City St. Joseph (No. Wallace Mo St. Ward)

2. FULL NAME William Henry Shapter
(a) Residence. No. Wallace, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. 6 mos. 1 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	59	6	1	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wallace
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Shapter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Anna Boyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

14. INFORMANT Lenver Shapter
(Address) Dearborn Mo

15. FILED 7.13, 1930 W. S. Hull REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1929 to July 11th 1930, that I last saw him alive on July 11th 1930, and that death occurred, on the date stated above, at 12:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension
131
102 (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1294
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) [signature], M. D.
7/12, 1930 (Address) Wallace 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
Turner Cemetery	July 12 1930

20. UNDERTAKER	ADDRESS
E. R. Sidenfaden	602 So. 10

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No.
Township Washington — Primary Registration District No. 3127 — Registered No. 76
City (No. , St. Ward)

2. FULL NAME William Henry Shapter
(a) Residence. No. Wallace Mo St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. 6 mos. 1 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): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
59	6	1	

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)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER William Shapter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Anna Boyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

14. INFORMANT Lenver Shapter
(Address) Dearborn Mo

15. Sept 1, 1930 J. J. Barnshaw
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

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CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 4 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. R. Peter, M. D
7/12, 1930 (Address) Wallace 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: Turner Cemetery
DATE OF BURIAL: July 13 1930

20. UNDERTAKER: E. R. Sidenfaden
ADDRESS: 602 So 10

A FEE FOR CERTIFICATES ... ETE AS PRESC... ED BY LAW
REGISTRAR

S-22059