

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

Do not use this space.

1078

1. PLACE OF DEATH

County Kauai
Towship
City Fayette (No. _____)

Registration District No. 378
Primary Registration District No. 4222

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Walker Scott Shiflett
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>23</u>	<u>4</u>	<u>26</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Production Team
(b) General nature of industry, business, or establishment in which employed (or employer) 146
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT W. Shiflett
(Address) Anthony Mo

15.

FILED 1-30-31 V. A. Boham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 12, 1931 that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal Hemorrhage
Streptococci Sore Throat
(duration) yrs. mos. 1 da.
(SECONDARY) (duration) yrs. mos. 2 da.

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? none
(Signed) W. Shiflett, M. D.
, 19 (Address) Fayette MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Walnut Ridge 1-14 1931

20. UNDERTAKER

ADDRESS

A. H. Aldaker Anthony 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.

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