MAR 25 1931

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

Do not use this space.

5392

1. PLACE OF DEATH
County Jackson
Township Blue
City Fairmount Sta (No. 10105 Cart 11th St. Ward)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 86

2. FULL NAME David Shaffer
(a) Residence. No. 10105 Cart 11 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: M
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16-1840

7. AGE: 90 YEARS, 11 MONTHS, 11 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

PARENTS
10. NAME OF FATHER: [illegible]
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible]
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Frank Shaffer
(Address) 10105 Cart 11

15. FILED 2-28, 1931 F R Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1931

17. I HEREBY CERTIFY, That I attended deceased from August, 1930, to Feb 27, 1931 that I last saw him alive on 2-27, 1931, and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility Appoplexy
82H
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) appoplexy (duration) 2 yrs. 3 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? none

(Signed) George W. Polk, M. D.
2-27, 1931 (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: Chillicothe Mo
DATE OF BURIAL: Feb 28 1931

20. UNDERTAKER: Rose & Henderson
ADDRESS: K.C. Mo

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.

[illegible]