

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

Do not use this space.

20675

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 2216 Jackson Street) St. _____ Ward _____

2. FULL NAME

John B Shorrow
 (a) Residence, No. 2216 Jackson St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Exilda Shorrow		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 5, 1843		
7. AGE 88	YEARS	MONTHS
	88	4
		DAYS
		23
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Dennis, Quebec Canada**

13. NAME **Peter Shorrow**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Canada**

15. MAIDEN NAME **Celestine Busqua**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Canada**

17. INFORMANT **Henry Shorrow**
(ADDRESS) **2216 Jackson Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olivet Cemt** DATE **June 30, 1931**

19. UNDERTAKER **J. O. Sidupfader**
(ADDRESS) **1802 Quincy St**

20. FILED **6-29-31** **John R. Bender**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June, 28, 1931**

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to June 28, 1931.
 I last saw him alive on June 28, 1931. Death is said to have occurred on the date stated above, at 8/15 pm

The principal cause of death and related causes of importance were as follows:

Hypertrophy of prostate
Chronic calculeus cystitis
myocardial insufficiency
Chronic nephritis
Hemiplegia - right
 Other contributory causes of importance:
Hemiplegia - see top
Thrombosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) **H. E. Senor**, M. D.

(Address) **Rock Island Bldg**

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.

JUL 22 1931

