

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

Do not use this space.

21217

1. PLACE OF DEATH

County Grundy Registration District No. 330
Township Jackson Primary Registration District No. 5460
City Branson mo. St. _____ Ward _____

2. FULL NAME

William Henry Harrison Shields
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF <u>Nellie Shields</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15 - 1878</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>2</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bridge builder</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>205 F</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation <u>C.A</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware Indiana</u>		
13. NAME <u>John H Shields</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
15. MAIDEN NAME <u>Louisa E. Hall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT (ADDRESS) <u>Lola Shields</u> <u>Branson mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wells Chapel</u> DATE <u>24 June 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Ben C Davis</u> <u>Branson Missouri</u>		
20. FILED <u>24 June 1931</u> <u>B. A. Dobby</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1931

22. I HEREBY CERTIFY That I attended deceased from not at all 19____, to _____, 19____
I last saw him alive on about 5/1 1931. Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:
Accidental death from fall caused by cable breaking on pile driver causing crushing wound of chest
Date of onset 6-23-31
Other contributory causes of importance:
unknown

Name of occupation none Date of _____
Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-23, 1931
Where did injury occur? So of Branson mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Crushing wound of chest
Nature of injury Crushing wound of chest

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Pile driver

(Signed) DR R. A. Coover, M. D.
(Address) Branson 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.

WRITE PLAINLY, WITH OMPACTNESS, IN THIS SPACE

JUL 26 1931

