

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

Do not use this space.

31809

**1. PLACE OF DEATH**

County Macou Registration District No. 526  
Township Independance Primary Registration District No. 570 J  
City Atlanta St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 OF (or) WIFE OF Jennie Shuff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>5</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME John Shuff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

NAME Sarah Aukah

PLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

NT Sallie Parks

PREMATION, OR REMOVAL Hofence DATE Sept - 13 - 1931

AKER (S) Thos Goodding

NOV 6 1931 A. L. Combe Registrar.

**2) MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1931 to Sept 11 1931

I last saw him alive on Sept 4 1931. Death is said to have occurred on the date stated above, at 1-0 m.

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

acute nephritis  
arterio-sclerosis  
92A  
100  
Other contributory causes of importance: 92A

8 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) Dr. W. H. Lardner M. D.  
(Address) Elmer, Missouri

