

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.

DEC 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township.....
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No. 37467
Registered No. 113
St. Ward

2. FULL NAME

Clinton F. Shull
(s) Residence, No. 417 S. Water St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the words) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bergrin R. Shull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1841
7. AGE YEARS 90 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting
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) 2 1/2 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkersburg, W. Va.

13. NAME Wm Shull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mrs. Ollie Martin Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE 11/11/31

19. UNDERTAKER (ADDRESS) Spore & Son Clinton, Mo.

20. FILED 11/11 1931 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10 1931

22. I HEREBY CERTIFY, THAT I attended deceased from July 1921, to 11-10 1931.
I last saw him alive on 11-8 1931. Death is said to have occurred on the date stated above, at 10.4 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Bright's nephritis
13/13/31
Other contributory causes of importance: Enlarged prostate & cystitis.
Date of onset 1930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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? No.
If so, specify.....
(Signed) J. S. Swalker, M. D.
(Address) Clinton, Mo.

