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

Do not use this space.

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1501

File No. 1501

Registered No. 10

1. PLACE OF DEATH

County Jasper

Township

City Webb City (No. ..... St. ..... Ward)

Registration District No. 417

Primary Registration District No. 3021

2. FULL NAME Rev Allen Shuey

(a) Residence. No. 732 W. Daugherty St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Abbie Shuey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	11	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ind
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Shuey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Effie Wagner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Allen Shuey
(Address) Webb City Mo

15. FILED 1/19, 1932 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 18, 1932 that I last saw him alive on Jan 18, 1932, and that death occurred, on the date stated above, at 1015 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Fastnts.

118 118

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. L. Fritchett, M. D.

1/19/32, 19 (Address) Webb City 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	DATE OF BURIAL
Carterville Cem	1/20 1932
20. UNDERTAKER	**ADDRESS**
Webb City Und Co	Webb City