

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.

Dr Waters

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

Do not use this space.

3410

PLACE OF DEATH

County *Seat*
Township *Richland*
City *Sikeston* (No. *4553*)

Registration District No. *837*
Primary Registration District No. *670*

File No. *17*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Elijah Shoat*

(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 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 *Colored*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 15 1872*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>59</i>	<i>5</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Furniture & Jarner*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1*
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) *Tennessee*

13. NAME *Elijah Shoat*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Nallye Shoat*
(ADDRESS) *Sikeston Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Sunset* DATE *1/27 1932*

19. UNDERTAKER *H. G. W. Smith*
(ADDRESS) *Sikeston Mo*

20. FILED *1/9/32*
Walter E. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 24 1932*

22. I HEREBY CERTIFY that I attended deceased from *Dec 10*, 1931, to *Jan 15*, 1932.
I last saw *him* alive on *Jan 15*, 1932. Death is said to have occurred on the date stated above, at *5 a. m.*
The principal cause of death and related causes of importance were as follows:

Acute Carditis
9573
Date of onset _____

Other contributory causes of importance: _____

Name of operation *None* 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 *(D)*

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *J. F. Waters*, M. D.
(Address) *Sikeston Mo.*

