

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

Do not use this space.

11786

1. PLACE OF DEATH

12 County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3007
City (No. 155)

File No. _____
Registered No. 64
St. _____ Ward _____

2. FULL NAME

Doyle Ray Shafer
(a) Residence, No. Highway 8 Poplar Bluff Mo. Ward. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 8 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brosley Mo RFD 1

MOTHER FATHER 13. NAME Lee A Shafer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandin Mo

15. MAIDEN NAME Pauline Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gideon Mo

17. INFORMANT Lee A. Shafer (ADDRESS) Brosley Mo RFD #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamtown Cem DATE Apr 7 1932

19. UNDERTAKER A. J. Phelan (ADDRESS) Poplar Bluff Mo

20. FILED April 6 1932 B. J. Macaulay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on 4-5-32, 19____. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

Syphilis hereditary Date of onset birth
Diphtheria, laryngeal 10 4-3-32
10 34
Other contributory causes of importance: Syphilis hereditary (1) birth

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y

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) B. J. Macaulay M. D.
(Address) Poplar Bluff

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.

MAY 28 1932

