

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

Do not use this space.

29226

1. PLACE OF DEATH

County Jackson

Registration District No. 389

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. St. Mary's Hospital)

File No.

Registered No. 3399

St. _____ Ward _____

2. FULL NAME Harvey Shull

(a) Residence, No. Sedalia Mo. 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. 1 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5th, 1913

7. AGE

18

YEARS

MONTHS

10

DAYS

2

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

At Home

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) Missouri

13. NAME Exley Shull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME Susie Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Exley Shull (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia Mo.

DATE Sept. 7th, 1932

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 9-7- 19 32 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932, to Sept 7, 1932

I last saw him alive on Sept 7, 1932 Death is said

to have occurred on the date stated above, at 5.45 p.m.

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

Multiple abscess of liver (pyelophlebitis)

Date of onset

Other contributory causes of importance:

Acute cholecystitis
Appendicitis perforata (Sedalia, Mo.)

Name of operation Appendectomy Date of Aug 23, 1932

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? _____

If so, specify _____

(Signed) J. P. Miller, M. D.

(Address) 1032 Professional

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.

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J. H. B. 2
M. L. W.