

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

Do not use this space.

**35043**

**1. PLACE OF DEATH**

County Cass Registration District No. 152  
 Township Central Branch Primary Registration District No. 4086  
 City East Lynne (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 6

**2. FULL NAME**

Jobe Jeremiah Shingleton  
 (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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Gabebrunish Shingleton  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-6-1848  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 4 1  
 8. OCCUPATION OF DECEASED Farmer  
 (a) Trade, profession, or particular kind of work. (Retired)  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-7-1932  
 17. I HEREBY CERTIFY, That I attended deceased from Nov-15-1932, to Nov-7-1932, that I last saw him alive on Nov-6-1932, and that death occurred, on the date stated above, at 4 A.M.  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
Chronic Nephritis  
13/13/ (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTRY)  
 10. NAME OF FATHER M. Shingleton  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Katherine Smith  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W. T. Garrison, M. D.  
11/7, 1932 (Address) East Lynne

14. INFORMANT Mrs. Jobe Jeremiah Shingleton (Address)  
 15. FILED 11/8, 1932 A. D. Hartzler REGISTRAR

\*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 Pina, Missouri DATE OF BURIAL 11/9 1932  
 20. UNDERTAKER P. D. Hartzler ADDRESS East Lynne Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

