

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

Do not use this space.

39638

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Raw Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City St. Joseph (No. St. Joseph 2001) St. 4643 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2035 Agnes 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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 7 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 176

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

FATHER 13. NAME Alfred Shiner

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Pyworth

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Robert Shiner  
404 W. Oakley

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Thomas DATE 12-8-32

19. UNDERTAKER (ADDRESS) Wm. O. L. Forster  
700 W. 10th

20. FILED 12-8-32 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 m, 1932, to Dec 7, 1932

I last saw h. wa. alive on Dec 6, 1932 Death is said to have occurred on the date stated above, at 8 A. m.

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

Meningitis (Pneumococic) Date of onset Nov 30  
Pneumonia (Lobar)  
108  
79A 108

Other contributory causes of importance: 0

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? yes

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) W. O. L. Forster, M. D.  
 (Address) 710 Prof Bldg, KC, Mo.

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.

Dr. Meyer  
Prof. Har. 3454