

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

Do not use this space.

1. PLACE OF DEATH

County Rolla
Township Center
City Rolla (No. 1 St. 1 Ward)

Registration District No. 725-
Primary Registration District No. 5-96-6

File No. 41182
Registered No. 41182

2. FULL NAME

(a) Residence, No. James William Shaulley St. 1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1854

7. AGE YEARS 78 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

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) Namibial Mo (STATE OR COUNTRY) Missouri

13. NAME James William Shaulley

14. BIRTHPLACE (CITY OR TOWN) Mat (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah

16. BIRTHPLACE (CITY OR TOWN) Mat (STATE OR COUNTRY) Missouri

17. INFORMANT Anna (ADDRESS) Center mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE County Infirmary DATE Dec 24 1932

19. UNDERTAKER W. K. Purich (ADDRESS) Center mo.

20. FILED Dec 31, 1932 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932 to Nov 24, 1932

I last saw him alive on Nov 24, 1932 Death is said

to have occurred on the date stated above, at 1230 A.M.

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

Hardening of arteries
detached heart

Date of onset

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1932

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Z. M. M. M. M. M., M. D.

(Address) Center 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.

