

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.

JAN 23 1933

Dr Insley

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

Do not use this space.

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City " (No. " St. " Ward ")

2. FULL NAME William E. Shae
 (a) Residence, No. 6 Green St., " Ward. "
 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. (If nonresident, give city or town and State)

1132

File No. 1132
 Registered No. 124

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1868

7. AGE YEARS 63 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 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) Davenport Iowa

FATHER
 13. NAME Christopher C. Shae
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Nancy Darger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Indiana

17. INFORMANT (ADDRESS) Vera Kimball

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Jan 8 1933

19. UNDERTAKER (ADDRESS) Spaulson

20. FILED 1/7 33 Ed C. Peeler Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1932, to Jan 6 1933, 1933
 I last saw him alive on Jan 6 1933, 1933. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset
16A
103
MIC
 Other contributory causes of importance:
Influenza

Name of operation " Date of "
 What test confirmed diagnosis? Culture 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) Dr. Insley, M. D.
 (Address) Clinton Mo

