

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 3 1933

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

Do not use this space.

2653

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 17
 St. _____ Ward _____

2. FULL NAME

William H. Shields
 (a) Residence, No. 1614 Lawrence St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 6 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Yost Shields
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1877
 7. AGE YEARS 55 MONTHS 8 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Jeffries Shields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Myra Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Mrs. E. Y. Shields (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan 15 1933

19. UNDERTAKER McLaughlin Bros. (ADDRESS) Sedalia Mo.

20. FILED 1-14 1933 J. B. Love Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1933
 22. I HEREBY CERTIFY, that I attended deceased from Jan 15th 1933 to Jan 13 1933
 I first saw him alive on Jan 13th 1933 Death is said to have occurred on the date stated above, at 4 P m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis ?
Bilateral Hemiplegia ?
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Fundus Where an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no
 Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no
 (Signed) J. B. Carlisle M. D.
 (Address) 314 Ohio - Sedalia Mo.

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