

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Union
City Union (N. E. or S. E.)

Registration District No. 987
Primary Registration District No. 6782

File No. 15-10
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Henry O. Shearlock

(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 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>89</u>	<u>10</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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) St. Genevieve (STATE OR COUNTRY) Mo

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles Shearlock

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve DATE 1-30 1933

19. UNDERTAKER (ADDRESS) J. B. BOYER & SON POTOSI, MO.

20. FILED 1-29 1933 Jon. L. Thurman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 1 1933 to Jan 28 1933
(Last saw him alive on Jan 1 1933. Death is said

to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset 4/6
4613

Other contributory causes of importance:

Name of operation: _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1933

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) H. F. Cresswell M. D.
(Address) Potosi Mo

WRITE PRINTED, 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.

1933

