

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.

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

Do not use this space.

4674

1. PLACE OF DEATH  
 County Co. Barton Registration District No. 42 File No. \_\_\_\_\_  
 Township W. W. Primary Registration District No. 4026 Registered No. 3  
 City Minden Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carroll Lyle Short  
 (a) Residence, No. Minden Mo. St. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 16 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 0 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy  
 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) Minden Mo.

FATHER  
 13. NAME Dorkey Short  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo.

MOTHER  
 15. MAIDEN NAME Mrs. Lizzie Moore  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minden Mo.

17. INFORMANT Mrs. Dorkey Short  
 (ADDRESS) Minden Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE mulberry DATE 2-28 1933

19. UNDERTAKER C. H. Smith  
 (ADDRESS) Pittsburg Kansas

20. FILED 2/28 1933 Geo. J. P. Gish Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/22 1933, to 2/26 1933  
 I last saw him alive on 2/26 1933. Death is said to have occurred on the date stated above, at 12:29 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia  
and  
Influenza  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Sad loved and

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Geo. J. P. Gish M. D.  
 (Address) Minden, Mo.

