

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.

MAY 22 1935

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

Do not use this space.

9346

1. PLACE OF DEATH
 County Howard Registration District No. 878
 Township Bourbon Primary Registration District No. 5-5-27
 City Howards (No.) St. Ward)

File No.
 Registered No. 86

2. FULL NAME Washington Carr Shook
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C Shook</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15, 1851</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>6</u>	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
	13. NAME <u>Isaac Shook</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
FATHER	15. MAIDEN NAME <u>Rebecca Carr</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Mrs Mary C. Shook</u> (ADDRESS) <u>Higbee Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope Howard Co</u> DATE <u>March 18, 1935</u>				
19. UNDERTAKER <u>Joe W Burton</u> (ADDRESS) <u>Higbee Mo.</u>				
20. FILED 19..... Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>March 16, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>April 13, 1931</u> , to <u>March 15, 1935</u>	
I last saw him alive on <u>Dec 5, 1932</u> Death is said to have occurred on the date stated above, m.	
The principal cause of death and related causes of importance were as follows: <u>nephritis chronic</u> Date of onset <u>131</u>	
Other contributory causes of importance: <u>Valvular Heart</u>	
Name of operation.....	<u>no</u> 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..... 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) <u>J. H. Higbee</u> , M. D. (Address) <u>Higbee Mo</u>	

