

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

Do not use this space.

9503

1. PLACE OF DEATH

County Jackson
Township Hawsons
City Hawsons

Registration District No. 388
Primary Registration District No. BOU

File No. _____
Registered No. 11102
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 637 Benton 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1933

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

22. I HEREBY CERTIFY, That I attended deceased from April 29 1923 to March 4 1933
I last saw him alive on March 23 1933. Death is said to have occurred on the date stated above, at 10:28 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1867

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis with arterial hypertension

7. AGE YEARS 66 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

Other contributory causes of importance:
Chronic Endocarditis

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94

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) Ohio Shutt

13. NAME Shutt

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Mrs. J. M. Shutt

18. BURIAL, CREMATION, OR REMOVAL PLACE Springwood DATE 3/7 1933

19. UNDERTAKER (ADDRESS) F. O. Spradley Co

20. FILED 3/16 1933 M. M. Crowe Registrar

Name of operation none Date of none
What test confirmed diagnosis? Chemical 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) J. F. Conroy, M. D.
(Address) 805 Elmwood

Dr. W. B. F. F. F. F. F.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 1093
 City Kansas (No. _____) St. _____ Ward _____

2. FULL NAME

William V. Shutt
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 5 - 1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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) _____		
FATHER	13. NAME _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL <input checked="" type="checkbox"/> PLACE _____ DATE _____ 19__		
19. UNDERTAKER (ADDRESS) _____		
20. FILED <u>3/6</u> 19 <u>33</u> <u>M. M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

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 _____, 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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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