

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 1933

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

Do not use this space.

12638

1. PLACE OF DEATH
 19 County Cass Registration District No. 156
 Township Grand River Primary Registration District No. 5219
 City (No. _____) St. _____ Ward _____

2. FULL NAME David Paul Showalter
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 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 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 20-1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>=</u>	<u>1</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Cass Co Mo.

13. NAME Ivan Showalter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

15. MAIDEN NAME Aline Maupin

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

17. INFORMANT Paul Showalter (ADDRESS) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pitts Chapel DATE 4/4 TIME 3

19. UNDERTAKER (ADDRESS) Wm. H. Baker Bros & Co Harrisonville Mo.

20. FILED 4/4 1933 D. S. Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1933, to April 3 1933
 I last saw her alive on April 2 1933 Death is said to have occurred on the date stated above, at 7:30 A. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____
10714
1070W
 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) J. C. East M. D.
 (Address) Harrisonville Mo

