

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

Do not use this space.

13717

1. PLACE OF DEATH

County Laclede
Township Union
City (No. _____) _____

Registration District No. 448
Primary Registration District No. 5608

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

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Shilkutt
husband of Rebecca

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 - 1845

7. AGE 87 YEARS MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work United States
(b) General nature of industry, business, or establishment in which employed (or employer) Pennones
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stacy Co. W. Va.

(STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Kattie M. Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stacy Co. W. Va.

(STATE OR COUNTRY) West Virginia

14. INFORMANT Floyd Bailey

(Address) Phillipsburg, Mo.

15. FILED May 19 1933

June 10 1933 Jennett Hunter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 - 1933

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to April 23, 1933, that I last saw him alive on Apr 23, 1933, and that death occurred, on the date stated above, at 8 o'clock a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labial Cancer
45 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Condition

(Signed) O. Taylor, M. D.

. 19 (Address) Phillipsburg, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope

DATE OF BURIAL 4/28 1933

20. UNDERTAKER _____

ADDRESS _____

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.

JUN 23 1933

