

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

Do not use this space.

**19376**

**1. PLACE OF DEATH**  
 36 County Madison Registration District No. 294  
 Township Paris Primary Registration District No. 1-418  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME** John Walter Short  
 (a) Residence, No. St. Clair 140 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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

**6A** IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Short

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) Oct-28-1878

|               |           |          |          |                                  |
|---------------|-----------|----------|----------|----------------------------------|
| <b>7. AGE</b> | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|               | <u>54</u> | <u>7</u> | <u>4</u> |                                  |

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

**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) Londell Mo

**13. NAME** John Short

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

**15. MAIDEN NAME** Matilda Belen

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

**17. INFORMANT** (ADDRESS) Carrie Short

**18. BURIAL, CREMATION, OR REMOVAL** (ADDRESS) Oak Grove Cem  
 PLACE DATE 6/4/1933

**19. UNDERTAKER** (ADDRESS) W. E. Keffer  
St. Clair Mo

**20. FILED** 19 \_\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) 6-2-33, 1933

**22. I HEREBY CERTIFY**, That I attended deceased from 4-26-33 to 6-2-33, 1933  
 I last saw him alive on 4-11-33, 1933 Death is said to have occurred on the date stated above, at 1:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
131  
131  
 Other contributory causes of importance:  
Chronic Nephritis  
 Date of onset Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chronic 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 \_\_\_\_\_  
 Cause of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify W. E. Keffer  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) St. Clair Mo

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.

21 1933

