

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

Do not use this space.

23376

3082

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Honolulu (No. St. Lukes Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Clifford E. Shofstall

(a) Residence, No. 4935 State Line 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1890  
7. AGE 42 YEARS MONTHS 10 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay Shipper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Paula (STATE OR COUNTRY) Kansas

13. NAME William Means Shofstall  
14. BIRTHPLACE (CITY OR TOWN) Decatur (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Anabelle Howland

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Helen Shofstall (ADDRESS) 4935 State Line

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE July 31, 1933

19. UNDERTAKER States Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED July 29, 1933 Am M Crowe Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/33, 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from 7/19/33, 19\_\_, to 7/25/33, 19\_\_

I last saw him alive on 7/25/33, 19\_\_ Death is said to have occurred on the date stated above, at 9:15 a.m.

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

General Peritonitis  
12:15  
12:1  
12:15  
Other contributory causes of importance:  
acute appendicitis

Date of onset 7/29/33

Name of operation 7/20/33 Appendectomy  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) W. H. M. Crowe, M. D.

(Address) 1500 Perry Kelly

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.

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