

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

Do not use this space.

25864

1. PLACE OF DEATH

County Carroll
Township St. Louis
City Boyard, Mo. (No. _____)

Registration District No. 133
Primary Registration District No. 5185

File No. 18
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(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 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 Ida Brock Shirley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-1870
7. AGE YEARS 63 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, 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) Missouri

13. NAME Thomas Jefferson Shirley

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

15. MAIDEN NAME Ragan

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

17. INFORMANT Mrs Ida B. Shirley
(ADDRESS) Boyard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith DATE Aug 12 1933

19. UNDERTAKER Ed. W. ...
(ADDRESS) Boyard, Mo.

20. FILED 8-12 1933 J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1933 to 8-10 1933
I last saw him alive on 8-10 1933. Death is said

to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

Dysentery
Acute Fermentative
Scarbroen
Other contributory causes of importance:
Hereditary
Spastic Paraplegia

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? No
If so, specify _____
(Signed) William G. Atwood, M. D.
(Address) Carrollton Mo

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.

SEP 26 1933

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