

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

Do not use this space.
25953

1. PLACE OF DEATH

County Clay
Township Ex. Orleans Spring
City Ex. Orleans Spring

Registration District No. 1398
Primary Registration District No. 3011

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

2. FULL NAME

John Pies Shrewsbury
(a) Residence, No. 417 E Broadway 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married - Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>86</u>	<u>1847</u>	<u>3</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Gary, O. Kentucky

13. NAME Nathan Shrewsbury

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

15. MAIDEN NAME Phoebe Jane Nicholson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Know

17. INFORMANT (ADDRESS) John A. Shrewsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Lattrop, W. Va. DATE Aug. 25, 1933

19. UNDERTAKER (ADDRESS) Wm. Wagon Grunts

20. FILED 8-25-1933 J. D. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to 8-24, 1933

I last saw him alive on Aug. 24, 1933. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Impairment of age with heart complications & decompensation of failure

Other contributory causes of importance: 956

Name of operation _____ Date of _____

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) C. H. Suddarth, M. D.
(Address) Eastern Ave. no.

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.

SEP 26 1933

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