

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

Do not use this space.

26779

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Joplin Primary Registration District No. 2002
 City Joplin (No. Freeman Hospital) St. _____ Ward _____

2. FULL NAME

Otto Herman Shaner
 (a) Residence, No. Oakland Addition St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 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 Lillian Shaner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1873
 7. AGE YEARS 59 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Foundry
 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mine La Motte, Mo.

13. NAME Charles Schoenber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dresden, Germany

15. MAIDEN NAME Elizabeth Kidwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville, Missouri

17. INFORMANT Otto H. Shaner
 (ADDRESS) Webb City, Missouri

18. BURIAL, CREMATION, OR REMOVAL Frank Memorial DATE Aug 28, 1933

19. UNDERTAKER Jasper Mortuary
 (ADDRESS) Joplin, Missouri

20. FILED 8-28 1933 20 Jones
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933 to Aug 26, 1933

I last saw him alive on Aug 26, 1933. Death is said to have occurred on the date stated above, at 9:26 A.M.

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

Chronic Valvular Heart Disease
Chronic Nephritis
 Other contributory causes of importance: 131

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? _____
 If so, specify _____

(Signed) J. E. Jones, M.D.
 (Address) Joplin, 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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