

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

Do not use this space.

1. PLACE OF DEATH
 70 County Montgomery Registration District No. 592
 5 Township Primary Registration District No. 4257
 2 City Montgomery (No., St. Ward)

30332

2. FULL NAME Evert P. Shay
 (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 12 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 Mrs Susie Shay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 29

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) Callaway Co Mo

FATHER 13. NAME Phillip Shay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

MOTHER 15. MAIDEN NAME Un Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

17. INFORMANT Mrs E. P. Shay (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery DATE 9/11/33 19.

19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED 9-10 1933 D. J. Beutley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/9/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1933 to 9/9 1933
 I last saw him alive on 9/11 1933 Death is said to have occurred on the date stated above, at 2 P.m.

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

Epidemic Encephalitis Date of onset 9/11/33
Lethargic

Other contributory causes of importance:

23. Name of operation Date of
 What test confirmed diagnosis? Salmon 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) E. W. Finley M. D.
 (Address) Montgomery City 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.

SEP 26 1933

