

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.

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

Do not use this space.

33242

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 302City Manassas City, Mo. (No. St. Mary)

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

Registered No. 4177

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Harvey J. Shastley(a) Residence, No. Silvers SpringSt. Ark.

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 Male4. COLOR OR RACE wh5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Shastley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1886

## 7. AGE

YEARS 47MONTHS 5DAYS 14

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station master9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. S.

## 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) Unknown  
Minnesota

## MOTHER FATHER

13. NAME Harvey Shastley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Minnesota15. MAIDEN NAME Margaret Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Unknown17. INFORMANT (ADDRESS) Mrs. Edna Shastley  
Silvers Spring, Ark.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Silvers Spring, Ark. Oct 26, 193319. UNDERTAKER (ADDRESS) Haubert-Gallopy  
819 E. 31st St.20. FILED 102433M. M. Crowe  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 193322. I HEREBY CERTIFY, That I attended deceased from 9-5, 1933, to 10-24, 1933I last saw him alive on 10-24, 1933 Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Carcinoma of liver  
46 F

Other contributory causes of importance:

Carcinoma of head & pancreasName of operation Autopsy

Date of \_\_\_\_\_

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? no Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. P. Mueller

\_\_\_\_\_, M. D.

(Address) 782 ArgyleR. G. Moore

