

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

Do not use this space.

38435

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Kennett No. 4121 Walnut

Registration District No. 389
Primary Registration District No. 1062

File No. _____
Registered No. 4346
St. _____ Ward _____

2. FULL NAME

Robt. Le Roy Short
(a) Residence, No. 4121 Walnut 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 MA 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lenora M. Short

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1869

7. AGE YEARS 64 MONTHS 7 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

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) Cris Kansas

13. NAME Alexander Jno Short

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

15. MAIDEN NAME unknown

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

17. INFORMANT Lenora M. Short (ADDRESS) 4121 Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Cris Kans DATE Nov. 8 1933

19. UNDERTAKER Eylar Funeral Home (ADDRESS) K.C. Mo.
20. FILED Nov 6 33 M.M. Leome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1934, to Nov. 6th 1934

I last saw him alive on Nov. 6th 1934 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Myocardial insufficiency Date of onset _____

known to have existed

93 years

162

Other contributory causes of importance:

Senility

Name of operation _____ Date _____

What test confirmed diagnosis? Physical findings 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) Mary J. Lower M. D.
(Address) 4116 Walnut St City

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.

JAN 8 1934

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