

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

AN 26 1934

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

Do not use this space.

40686

1. PLACE OF DEATH
 60 County Madison Registration District No. 578
 Township McMillin Primary Registration District No. 5694
 City _____ (No. _____) _____ St. _____ (Ward)

2. FULL NAME George Robert Shaver
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 5

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

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) Illinois

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Richard Shaver
 (ADDRESS) Andrew Metcalf

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Berlin DATE 12-26-1933

19. UNDERTAKER Georgetown Merc
 (ADDRESS) _____

20. FILED 12/26 1933 Andrew Metcalf
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17 1933 to Dec 25 1933
 I last saw him alive on Dec 24 1933. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset May 17 1933

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) S. B. Buck, M. D.
 (Address) Andrew Metcalf

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