WRITE PLAINLY, WITH UNFADING INK--THIS IS A PE[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. [illegible]CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

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

Do not use this space.

513-2C

1. PLACE OF DEATH
County Christian — Registration District No. 184 — File No.
Township Finley — Primary Registration District No. 4110 — Registered No. 5
City Ozark (No. , St. Ward)

2. FULL NAME Jack Short (Deaf Mute)
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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. Jack Short

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 24 - 1898

7. AGE: YEARS 35 — MONTHS — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing
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): Mo

FATHER
13. NAME: Jess V. Short
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Ella Hammold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs Jack Short Ozark Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin DATE Jan 9 1934

19. UNDERTAKER (ADDRESS): B. C. Kleffer Ozark Mo.

20. FILED Mch 5, 1934 Loretta Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 7, 1934
I last saw him alive on Jan 7, 1934. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis with valvular lesions	unknown
92A	
91B	

Other contributory causes of importance: unknown

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? No
If so, specify
(Signed) R. R. Farthing, M. D.
(Address) Ozark Mo.