

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.

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

Do not use this space.

MAR 24 1934

9478

1. PLACE OF DEATH

County Laclede
Township 7
City Conway (No. 4266)

Registration District No. 448
Primary Registration District No. 5608

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Thos. D. Shields
(a) Residence, No. Thos 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Jessie Shields</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14 1874</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>10</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Janitor</u>		11. Total time (years) spent in this occupation
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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-28-1934 to 3-10-1934
I last saw him alive on 2-10-1934 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Date of onset _____
Other contributory causes of importance: 108

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Co Mo.</u>
	13. NAME <u>B. F. Shields</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Liza M^{rs} Farland</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>
	17. INFORMANT (ADDRESS) <u>Jessie Shields Conway Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Conway Baptist</u> DATE <u>3/12 34</u>
	19. UNDERTAKER (ADDRESS) <u>W. F. Holman Lebanon Mo</u>
	20. FILED <u>3-13 1934</u> <u>Arva Montgomery</u> Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) O. C. Burgess, M. D.
(Address) Conway Mo

