

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.

APR 25 1934

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

Do not use this space.

9992

File No. \_\_\_\_\_  
Registered No. 26

**1. PLACE OF DEATH**

County Shelby Registration District No. 677  
Township \_\_\_\_\_ Primary Registration District No. 4403  
City Royal (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Eugene Shineman  
(a) Residence, No. Royal 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Chad</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widied</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 1932</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>1</u>	<u>4</u>	<u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chad</u>		
	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) Royal  
(STATE OR COUNTRY) mo

13. NAME Everett Shineman

14. BIRTHPLACE (CITY OR TOWN) Royal  
(STATE OR COUNTRY) mo

15. MAIDEN NAME Verlign

16. BIRTHPLACE (CITY OR TOWN) East St. Louis  
(STATE OR COUNTRY) Ill

17. INFORMANT Everett Shineman  
(ADDRESS) Royal mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Royal DATE 31 13 34

19. UNDERTAKER W. H. & Son  
(ADDRESS) Royal mo

20. FILED March 12, 1934 Jos. F. Ryan  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1934 to March 11 1934  
I last saw him alive on 11 day March 1934. Death is said to have occurred on the date stated above, at 9 1/2 m.

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

Feb 28 1934  
Lobar Pneumonia  
108 / 107  
Other contributory causes of importance:  
None

Name of operation None 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?  
If so, specify No  
(Signed) A. Leroy Bismarck, M. D.  
(Address) 609 West 14 St. Royal, Mo

