

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

Do not use this space.

12283

MAY 25 1934

1. PLACE OF DEATH

County Clinton
Township
City Plattsburg (No. _____)

Registration District No. 207
Primary Registration District No. 4125

File No. 21
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1862

7. AGE YEARS 71 MONTHS 2 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 Farmer

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) Clinton Co. Mo.

13. NAME Berryman Shaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Virginia

15. MAIDEN NAME Susan Trout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Virginia

17. INFORMANT Wm. H. Shaver (ADDRESS) Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo. DATE 4-17-1934

19. UNDERTAKER Walter & Green (ADDRESS) Plattsburg Mo.

20. FILED 417 REGISTRAR Jep

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr-12, 1934, to Apr 15, 1934. I last saw him alive on April 15, 1934. Death is said to have occurred on the date stated above, at 11:20 p. m.

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

cerebral hemorrhage
Astero Sclerosis
Date of onset 4-18-34

Other contributory causes of importance: _____

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 none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) P. W. Steckman, M. D.
(Address) Plattsburg Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Feb. 9 1974