

MAY 25 1934

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

Do not use this space.

15412

## 1. PLACE OF DEATH

101 County Shannon Registration District No. 824  
Township Summit Primary Registration District No. 6076  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Lewis M Shudd  
(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

## MEDICAL CERTIFICATE OF DEATH

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 Anna Shudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
0 0 0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Mo13. NAME F. M. Shudd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Jean Dickers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT B. B. Shudd  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Missouri DATE 4-18-3419. UNDERTAKER none  
(ADDRESS)20. FILED 4-18-1934 Frank Heydel  
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-18-193422. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1934 to Apr-18-1934

I last saw him alive on Apr-18-1934. Death is said to have occurred on the date stated above, at 7-30 a.m.

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

Cancer of Stomach

Date of onset

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Frank Heydel, M. D.(Address) Summit Mo.

CAUSE OF DEATH - If you indicate that it may be properly classified

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a medical or legal record, possibly a death certificate or autopsy report, containing fields for name, date, cause of death, and other details. The text is organized into several columns and rows, but the specific words and numbers are difficult to discern.]

[Illegible text in the first column, possibly a name or identification number.]

[Illegible text in the second column, possibly a date or time.]

[Illegible text in the third column, possibly a cause of death or medical condition.]

[Illegible text in the fourth column, possibly a signature or official name.]

[Illegible text in the fifth column, possibly a location or institution.]

[Illegible text in the sixth column, possibly a reference number or code.]

[Illegible text in the seventh column, possibly a signature or official name.]

[Illegible text in the eighth column, possibly a location or institution.]

[Illegible text in the ninth column, possibly a reference number or code.]

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[Illegible text in the sixteenth column, possibly a signature or official name.]

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[Illegible text in the twenty-fourth column, possibly a reference number or code.]

[Illegible text in the twenty-fifth column, possibly a signature or official name.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Jackson Registration District No. 824  
 Township Emmence Primary Registration District No. 6076  
 City Leece (No. 1) St. Mo. Ward 1

2. FULL NAME Leece M. Shield  
 (a) Residence, No. 1 St. 1 Ward 1  
 (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.

File No. ....  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12 - 1872  
 7. AGE YEARS MONTHS DAYS If LESS than day, hr. or min.  
62 1 6  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 10 to 11, 1934  
 I last saw h. alive on 10, 1934 Death is said to have occurred on the 11 stated above, at 11 m.  
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
 19. UNDERTAKER (ADDRESS)  
 20. FILED 1934 ( Frank Hyde M.D. Registrar )

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 1934  
 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  
 (Signed) Frank Hyde M.D. M. D.  
 (Address)

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. C. OF DEATH AND ... I. S. TO FACT: may be properly classified. Exact statement of OCCUPATION is very important.

5-15412