

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

Do not use this space.

17079 *WMM*

1. PLACE OF DEATH

County *Jackson*

Registration District No. *400*

Township *Prairie*

Primary Registration District No. *5553 B*

City *Little Blue* (No. *76*, *Home*)

File No.

Registered No. *105*

St. Ward)

2. FULL NAME

Daniel Shutt

(a) Residence, No. *Jackson County Home* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wife.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-25-1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *77 7 21*

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) *Indiana*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *J. W. Hostetter*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Hill* DATE *57²³ 7-9* 1934

19. UNDERTAKER (ADDRESS) *Kettle Hill*

20. FILED *May 24 1934* *William J. Fields* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 16* 1934

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1934* to *5/16* 1934

I last saw him alive on *5/15* 1934 Death is said to have occurred on the date stated above, at *10 a.* m.

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

General debility
162
Other contributory causes of importance: *162*

Date of onset

Name of operation Date of
What test confirmed diagnosis? *Clinical* 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) *J. M. Greene* M. D.
(Address) *Independence Mo.*

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

JUN 2 1934

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

