

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Lorain
City Near village of Glen Allen (No.)

Registration District No.
Primary Registration District No.

File No. 19455
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. John Miller DeShazo
(Usual place of abode) Hutchinson, Mo., St. Ward.

Length of residence in city or town where death occurred 18 yrs. 1/2 mos. 2 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preaching from door to door
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. door to door
10. Date deceased last worked at this occupation (month and year) 10-28-34 11. Total time (years) spent in this occupation 6 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME C. J. DeShazo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Miss.
15. MAIDEN NAME Mary Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of N. C.

17. INFORMANT (ADDRESS) C. J. DeShazo
Hutchinson, Mo., R. 7 D #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE 6-29 1934

19. UNDERTAKER (ADDRESS) A. D. Baker
Lutesville

20. FILED 8/1 1934 J. J. Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28- 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓ 1934, to ✓ 1934

I last saw h. ✓ alive on ✓ 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

As a result of negligently riding on the running board on the left-side of that car
L. M.

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

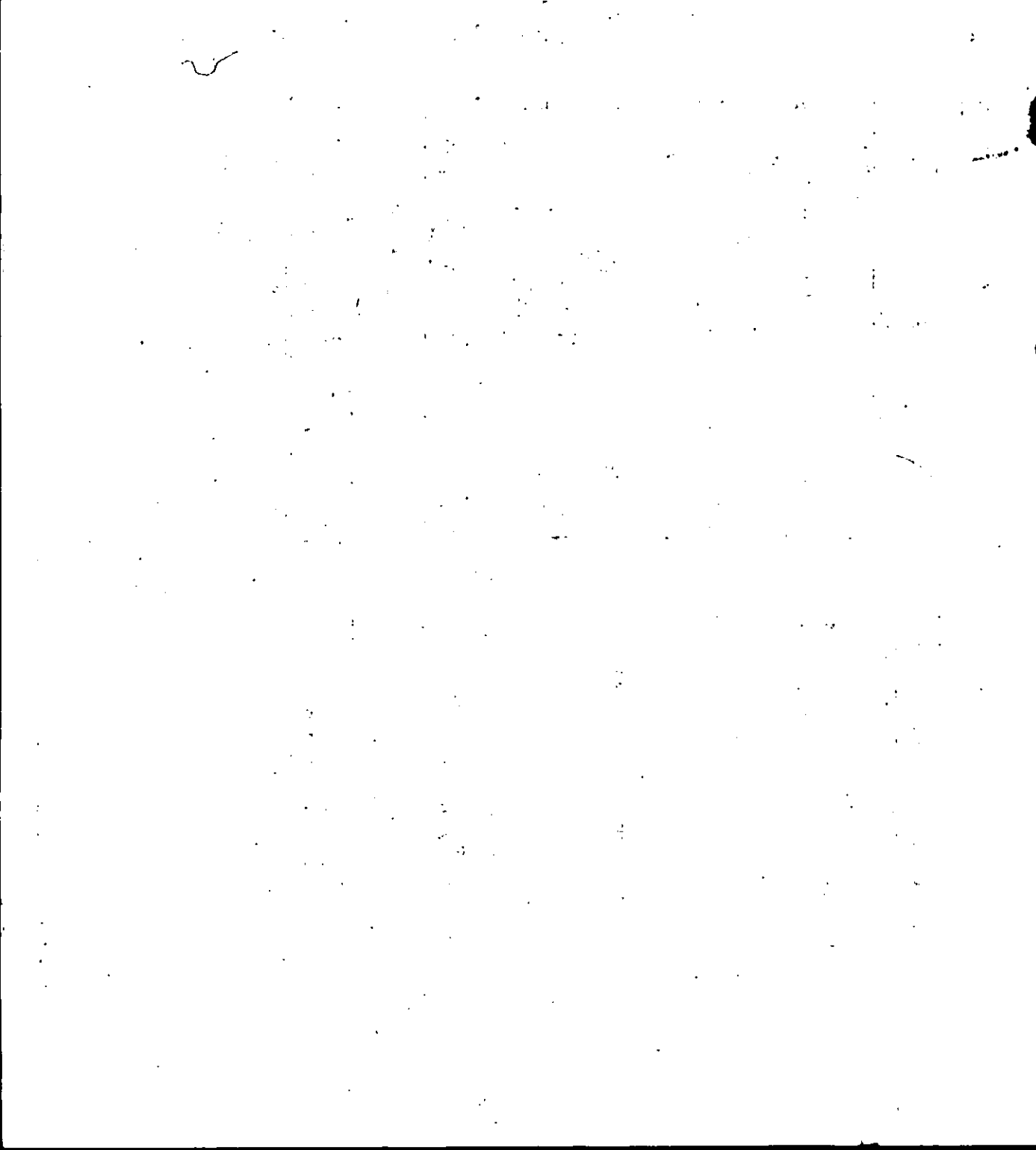
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 6-28 1934
Where did injury occur? Near Glen Allen, Mo. Bol. Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify J. A. Van Amburgh (Coroner), M.D.
(Signed) Lutesville, Missouri.
(Address)

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.

AUG 16 1934



#2 *Bollinger*DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTONE. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John William De Shazo
Who died at _____ on 6-28-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 18 Months 6 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: As a result of negligently riding on the running board on the left-side of car.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 As a result of falling back of car while

Nature of injury by running over by Rubeck. Right leg

Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Right leg palsy

Name of physician _____

Address of physician _____

Signature of Registrar [Signature] Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 66 Very truly yours,

Primary Reg. Dist. No. 570203

E. T. McGaugh, M.D.
18

Special Agent.