

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

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.

OCT 15 1934

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

Do not use this space.

1. PLACE OF DEATH
 County Madison Registration District No. 538
 Township Fredericktown Primary Registration District No. 3028
 City Fredericktown No. _____ St. _____ Ward _____

2. FULL NAME Warren Neil Shields

(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.

File No. 33380
Registered No. 76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>3</u>	<u>10</u>	<u>34</u>		

OCCUPATION

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 _____

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

FATHER

13. NAME Wayton Shields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

MOTHER

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Derry Co.

17. INFORMANT (ADDRESS) Wayton Shields
Fredericktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE 9/7/34

19. UNDERTAKER (ADDRESS) Ed. J. Webb
Fredericktown, Missouri

20. FILED Sept 6 1934 S. C. Blanghler Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934, to Sept 6 1934
 I last saw him alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Typhoid Fever Date of onset _____

Other contributory causes of importance:
Relapse in Typhoid Fever

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 _____
 (Signed) S. C. Blanghler, M. D.
 (Address) Fredericktown

Ray A. Schwank

