

DEC 12 1934

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

Do not use this space.

38637

1. PLACE OF DEATH

Buchanan
 County..... Registration District No. 8
 Townships, Joseph Mo..... Primary Registration District No. 1001
 City..... (No. Mo. Methodist Hospital)..... St. Ward)

File No.
 Registered No. 1314
 St. Ward)

2. FULL NAME

Jessie Shields
 (a) Residence, No. 108 North 2nd 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

3. SEX Male	4. COLOR OR RACE Colored	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) Jan 29, 1890		
7. AGE YEARS 44	MONTHS 9	DAYS 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER		
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) Ottawa Kansas		
13. NAME Edward Shields		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa Kansas		
15. MAIDEN NAME Miss Bertha Williams Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Almeda Gay Texas		
17. INFORMANT (ADDRESS) Miss. Almeda Gay 1122 East 23rd St. C. 10.		
18. BURIAL, CREMATION, OR REMOVAL PLACE City, Cem DATE 12-8-1934		
19. UNDERTAKER B.F. Graves Funeral Home (ADDRESS) 806 South 17th St.		
20. FILED DEC 8 1934 John R. S. Bender Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1934 to Nov 21, 1934
 I last saw him alive on Nov 21, 1934. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
 Rupture of aorta
 3 1/2 hrs
 9 hrs
 24
 Other contributory causes of importance:
 Septicemia of aorta
 with aneurysm of aorta
 Date of onset 3 days

Name of operation
 What test confirmed diagnosis? Clin. X-ray of aorta. Was there an autopsy? Yes

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. J. Jenson, M. D.
 (Address) St. Joseph 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.

THIS IS A PERMANENT RECORD

