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

APR 26 1935

Do not use this space.

9281

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township Kans — Primary Registration District No. — Registered No.
City Kansas City (No. Hotel President St. Ward)

2. FULL NAME Clarence H. Shruptine
(a) Residence, No. Cedar Rapids, Iowa 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Gertrude Shruptine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1891

7. AGE: Years 43 — Months 11 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mfgs. Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wells-Gardner Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savannah Georgia

FATHER
13. NAME: Willard B. Shruptine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Carrie V. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savannah Georgia

17. INFORMANT (ADDRESS): Harry A. Shruptine, Detroit, Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Rapids, Michigan DATE 3-25-35, 19

19. UNDERTAKER (ADDRESS): Gates Funeral Home, 41st & State Line-K.C.Kans

20. FILED 3/21, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....A.... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Thrombosis	
Chronic Myocardial Infarction	

Other contributory causes of importance:

No

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

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.

100M-11-24-33

MAY 3 1 1935

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
Township Kaw
City KC Mo
Registration District No.
Primary Registration District No.
File No.
Registered No. 1231
(No. , St. Ward)

2. FULL NAME Clarence H Shruptrine
(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

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs Gertrude Shruptrine

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

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

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)

FATHER
13. NAME Willard B Shruptrine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Harry A Shruptrine

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 3/21 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	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
(Signed) , M. D.
(Address)

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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