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

MAY 24 1935

Do not use this space.

12448

File No. 16

Registered No.

1. PLACE OF DEATH

County: Dunklin

Township:

City: Malden (No. ; St. ; Ward)

Registration District No. 289

Primary Registration District No. 4173

2. FULL NAME: William B. Shaffer

(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: 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: Josie Shaffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-13-1861

7. AGE: Years 73 | Months 8 | 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.: 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): Calvert City Ky

FATHER

13. NAME: Fenerson Shaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): J. B. Shaffer Oran.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Gilead DATE: 4-9 1935

19. UNDERTAKER (ADDRESS): W. L. Craig

20. FILED: 4/8/ 1935 S. E. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1934, to April 8th 1935

I last saw him alive on April 2nd 1935. 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:

	Date of onset
Myocarditis	1915
Other contributory causes of importance: Cardiac Decompensation	1 wks

Name of operation: None 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) S. E. Mitchell, M. D.

(Address) Malden 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.