

JUL 1 1935

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

Do not use this space.

18755

1. PLACE OF DEATH

County Texas Registration District No. 568
Township Herrell Primary Registration District No. 6149
City (No. St. Ward)

File No.
Registered No. 17

2. FULL NAME

David Shaffer
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liquor Store
10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation 65

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

13. NAME Geo. Shaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Geo. Dorman

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Camp DATE May 15, 1935

19. UNDERTAKER (ADDRESS) Walter D. Ferguson

20. FILED 5/15 1935 W. G. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1935 to May 14, 1935
I last saw him alive on May 14, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importances were as follows:

Bronchitis Pneumonia in both lungs. Date of onset 4/13/35

Other contributory causes of importance: 1970

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? no
If so, specify W. G. Reed M. D.
(Signed) W. G. Reed
(Address) Licking, Mo.

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.

