

AUG 15 1935

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

Do not use this space.

22676

1. PLACE OF DEATH

County GasconadeRegistration District No. 305

Township

Primary Registration District No. 418HCity Owensville (No. _____)File No. _____
Registered No. 18
St. _____ Ward _____2. FULL NAME Amos M. Shockley

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Shockley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-14-1873</u>		
7. AGE	YEARS	MONTHS
<u>61</u>	<u>9</u>	<u>11</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Poultry Dealer</u>	11. Total time (years) spent in this occupation
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)	

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bland, Mo</u>
13. NAME <u>Asherry Shockley</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bland, Mo</u>
15. MAIDEN NAME <u>Amanda Matthews</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bland, Mo</u>
17. INFORMANT (ADDRESS) <u>May Shockley</u> <u>Owensville, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belle Meade</u> DATE <u>7-28-35</u>
19. UNDERTAKER (ADDRESS) <u>W.F. Gottenbater</u> <u>Owensville, Mo</u>
20. FILED <u>8-12-35</u> <u>J.P. Kerrell</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 25, 1935</u>
22. I HEREBY CERTIFY That I attended deceased from <u>2-15-35</u> , 19 <u>35</u> , to <u>7-25-35</u> , 19 <u>35</u> . I last saw him alive on <u>7-25-35</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>5:30 P.</u> m. The principal cause of death and related causes of importance were as follows:

<u>Pulmonary Tuberculosis</u>	Date of onset <u>1934</u>
<u>Longueval Tuberculosis</u>	<u>2-1-35</u>

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) <u>Joseph W. Wells</u> , M. D. (Address) <u>Owensville, Mo</u>

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.

