

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

Do not use this space.

'AUG 22 1935

24109

1. PLACE OF DEATH

County Ralls
Township Clay
City X (No. X)

Registration District No. 728
Primary Registration District No. 5961

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Raymond Atwell Short
(a) Residence, No. Clay Twnshp Ralls Co., St. Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Oct. 4, 1890
7. AGE YEARS 44 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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) Ralls County Missouri

13. NAME William H. Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middleburg West Virginia

15. MAIDEN NAME Eona Maddy

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

17. INFORMANT Marvin Short (Brother)
(ADDRESS) R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hydesburg DATE July 17, 1935

19. UNDERTAKER Wm M Smith
(ADDRESS) 902 1/2 S. Main St. Hannibal, Missouri

20. FILED July 18, 1935 Marvin Short
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to July 15, 1935

I last saw him alive on July 15, 1935 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

And Subcuty of Coronary Thrombosis

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) Wm M Smith, M. D.

(Address) Hannibal, Mo

