

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

Do not use this space.

SEP 23 1935

27056

1. PLACE OF DEATH

County Missouri Registration District No. 558
Township Harrison Primary Registration District No. 5749
City (No.) St. Ward

File No. _____
Registered No. 38

2. FULL NAME Clarell Dean Shape

(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 M. 4. COLOR OR RACE W. 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) June 27-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 2 2

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) Missouri Co., Mo

13. NAME J. C. Shape

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Co., Mo

15. MAIDEN NAME Dean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Co., Mo

17. INFORMANT J. C. Shape (ADDRESS) Cainsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cainsville DATE 8-30-1935

19. UNDERTAKER Not known (ADDRESS) Princeton Mo

20. FILED 8/30-1935 J. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1935, to Aug 29, 1935

I last saw him alive on Aug 29, 1935 Death is said

to have occurred on the date stated above, at 1 p. m.

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

Acute ileo-colitis (Date of onset 3 days)
(Cholera infantum)
Shock and asphyxia

Other contributory causes of importance: _____

Exhaustion

Name of operation no Date of _____

What test confirmed diagnosis? Phys findings as 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) J. S. Bristow, M. D.

8/30-1935 Princeton, 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.

