

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

Do not use this space.

35478

**JAN 23 1936**

**1. PLACE OF DEATH**

County Christian  
Township Charwick  
City Charwick (No.     )

Registration District No. 186  
Primary Registration District 5261A

File No.       
Registered No.       
St.      Ward     

**2. FULL NAME**

George Shipman

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Mary Shipman  
(OR) WIFE OF     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>9</u>	<u>12</u>	

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. Farmed  
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) MO.

FATHER 13. NAME James Shipman

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

MOTHER 15. MAIDEN NAME Elizabeth Schubert

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

17. INFORMANT Mary Shipman  
(ADDRESS) Charwick MO.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Charwick DATE Nov 12 1935

19. UNDERTAKER H. B. Chubb  
(ADDRESS) Charwick MO.

20. FILED Jan 9 1935 Ina Jones  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1935 to Nov 11 1935

I last saw him alive on Nov 11 1935. Death is said

to have occurred on the date stated above, at 9:10 p.m.

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

Lobar Pneumonia Date of onset Nov 7

Other contributory causes of importance: 108

Name of operation      Date of     

What test confirmed diagnosis?      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) R. C. Farthing, M. D.

(Address) Charwick 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.

MARIN RESERVED FOR BINDING

