

DEC 21 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County *Pike*Township *Acum*City *Bowling Green* (No. ....)Registration District No. *694*Primary Registration District No. *4408*

File No. ....

Registered No. *36* St. .... Ward)

## 2. FULL NAME

(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. *16* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

36973

## 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  
(OR) WIFE OF*Annie Shy*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 5 - 1933*7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*74 6 22*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. ....

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) *Pike Co Mo*13. NAME *Samuel Shy*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*15. MAIDEN NAME *Sarah Stadley*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*17. INFORMANT (ADDRESS) *Annie Shy  
Bowling Green Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Buffalo Cemetery* DATE *Nov. 28* 19*35*19. UNDERTAKER (ADDRESS) *W. B. C. Moore  
Bowling Green Mo*20. FILED *104* 19*35* *W. H. McQuinn* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 27<sup>th</sup>* 19*35*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 27<sup>th</sup>* 19*35*, to *Nov. 26<sup>th</sup>* 19*35*I last saw him alive on *Nov. 26<sup>th</sup>* 19*35*. Death is saidto have occurred on the date stated above, at *2 A.* m.

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

*Cardiac Dropsy  
and Nephritis*

Date of onset

*Dec.**1934*

Other contributory causes of importance:

*Rheumatism*Name of operation *none* Date of .....What test confirmed diagnosis? *urine* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

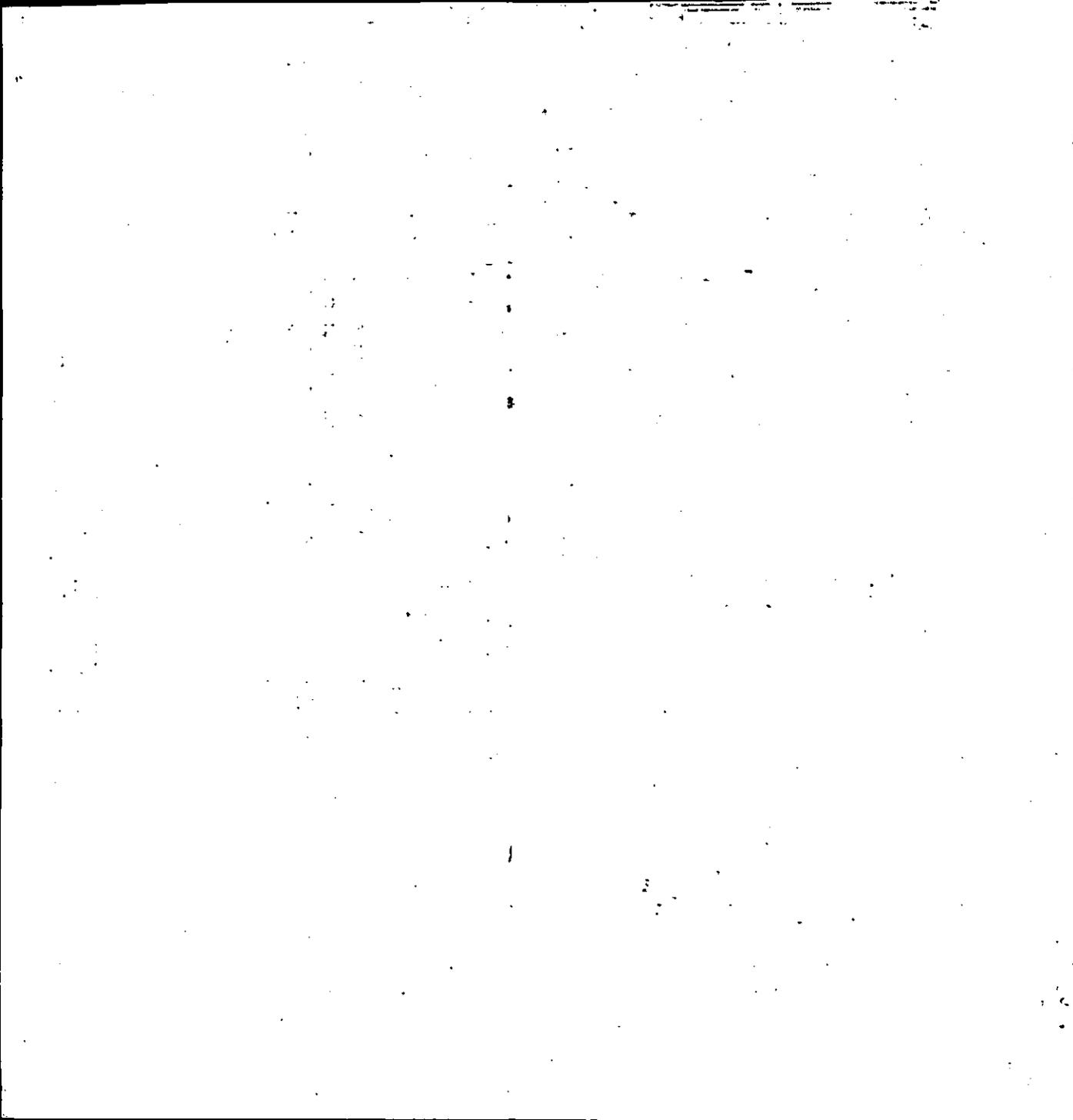
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify .....

(Signed) *Dr. W. H. Fitzgerald*(Address) *Bowling Green Mo.*



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Pike Registration District No. 684  
 Township \_\_\_\_\_ Primary Registration District No. 4408  
 City Bowling Green St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

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

8. Trade, profession, or particular kind of occupation, or profession, occupation, or business in which work was done, as silk mill, or 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED Jan 16 1936 W. Summer Kent Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cardiac Dropsy and nephritis  
Acute Nephritis  
Case of influenza  
 Date of onset Oct 1931

Other contributory causes of importance:  
a result of influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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) Dr. F. W. Johnson  
 (Address) Bowling Green Mo

**SUPPLEMENTARY**

12-10-33

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1935-16-27

74-6-28

1861-5-5