

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.

JAN 21 1935

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

Do not use this space.

42236

1. PLACE OF DEATH

County Texas
Township Pierce
City Clear Springs, Mo (No.)

Registration District No. 1032
Primary Registration District No. 6144

File No.
Registered No.
St. Ward)

2. FULL NAME Augustus Short.

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Short Smith,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4th, 1883		
7. AGE YEARS 52.	MONTHS X	DAY 12
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner
	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**

13. NAME **J. E. Short**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

15. MAIDEN NAME **Jane C. Oliver**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lone Dell Missouri**

17. INFORMANT **W. C. Short.**
(ADDRESS) **Freemont. Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Wagoner Cem.** DATE **12/19/1935,**

19. UNDERTAKER **T. R. Burns & Son.**
(ADDRESS) **Willow Springs. Mo.**

20. FILED **24 35**
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/7/35**

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 **2.15A.**

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

Died suddenly of Apoplexy

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) **Dr. J. B. Moore** M. D.

(Address) **Houston, Tex.**

By Paul A. Brown

