

FEB 13 1936

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

Do not use this space.

2503

## 1. PLACE OF DEATH

County Pike Registration District No. 686  
Township Spencer Primary Registration District No. 5913  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. 1 Ward \_\_\_\_\_

## 2. FULL NAME

Thomas W. Shy  
(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lilly Shy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5 1857</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Mo</u>				
FATHER	13. NAME <u>Thomas Shy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>			
	15. MAIDEN NAME <u>Bueby</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mo</u>			
	17. INFORMANT (ADDRESS) <u>Russell Shy</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coryville Mo</u> DATE <u>Jan 9 1936</u>				
19. UNDERTAKER (ADDRESS) <u>W. S. Waters</u>				
20. FILED <u>Jan 9 1936</u> <u>Mrs. Gene Henderson</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1936 to Jan 7, 1936  
I last saw him alive on Jan 7, 1936 Death is said to have occurred on the date stated above, at 9:20 a. m.  
The principal cause of death and related causes of importance were as follows:  
Myxomatous Pneumonia  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Arterio sclerosis

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) J. H. Motz, M. D.  
(Address) Coryville Mo

MARGIN RESERVED FOR BINDING

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.

V.S. (10-2) 100-1-25-35

