MAR 16 1936

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

Do not use this space.

4661

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 2516 South 15th. St. Ward)

File No.

Registered No. 205

2. FULL NAME Larkin M. Shidler

(a) Residence, No. 3010 Olive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Shidler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1865.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Works. Seaman-Schuske

10. Date deceased last worked at this occupation (month and year) 1934.

11. Total time (years) spent in this occupation 19 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Missouri

FATHER

13. NAME Peter W. Shidler

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

MOTHER

15. MAIDEN NAME Elizabeth R. Freed

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

17. INFORMANT (ADDRESS) Alice Shidler 3010 Olive Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemt. PLACE St. Joseph Mo. DATE February 17, 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph Mo.

20. FILED 2/5 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14-, 1936, to 2-14-, 1936

I last saw him alive on Instant-death, 19.... Death is said to have occurred on the date stated above, at 7:00A.

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

Valor insufficiency myocarditis et Broken compensation

Date of onset

Other contributory causes of importance: Arto Sclerosis General et enlargement of heart muscles.

Name of operation None Date of ✓

What test confirmed diagnosis? Physical 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) B. B. Simmons, M. D.

(Address) St Joseph 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.