

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

Do not use this space.

6211

MAR 21 1936

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township Ross Primary Registration District No. 1002
City Ross City (No. 235 Ward Park Wy. St. 1002 Ward)

File No. _____
Registered No. 1002

2. FULL NAME

(a) Residence, No. 235 Ward Park City Wy 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>He</u>	4. COLOR OR RACE <u>wh</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>Dr Craig T Cundiff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-3-1897</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>2</u>
	DAYS <u>22</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>Housewife</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) Louisiana
(STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Samuel H Shepherd

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

MOTHER 15. MAIDEN NAME unknown Aimes

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

17. INFORMANT Dr Craig T Cundiff
(ADDRESS) 235 Ward Park Wy

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE Feb. 27 1936

19. UNDERTAKER A. W. Newcomers Sons
(ADDRESS) Ross City, Mo

20. FILED 726 1936 M. M. Cline
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Feb 25 1936
I last saw him alive on Feb 25 1936 Death is said to have occurred on the date stated above, at 10:30 am

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

Cerebral Hemorrhage and Encephalomalacia with paralysis of the left side 121

Other contributory causes of importance:
Essential Hypertension arteriosclerosis of kidneys

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 no
(Signed) Dr Merritt Ketchum, M. D.
(Address) Argyle Bldg

WRITE PAINLY, 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.

