APR 8 1936

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

Do not use this space.

9297

1. PLACE OF DEATH
County Buchanan — Registration District No. 81 — File No.
Township — Primary Registration District No. ~~5122~~ 4049 — Registered No.
City De Kalb (No. , St. Ward)

2. FULL NAME Daniel P. Shouse

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1857

7. AGE: YEARS 79 — MONTHS 1 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Platte Co Missouri

FATHER
13. NAME Benjamin P Shouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford Co Kentucky

MOTHER
15. MAIDEN NAME ~~Mary~~ Elizabeth Fama
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) William P Shouse 2812 - Monterey St St Joe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE Mch 14, 1936

19. UNDERTAKER (ADDRESS) Lucien Davis Dearborn Mo

20. FILED Mar 12 1936 J W McAdow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to Mar 12, 1936
I last saw him alive on March 11, 1936. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

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Other contributory causes of importance:

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. W. McAdow, M. D.
(Address) De Kalb 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.