

APR 16 1936

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

Do not use this space.

9731

1. PLACE OF DEATH

County Chanton Registration District No. 175
Township Salisbury Primary Registration District No. 4104
City Salisbury (No. 1) St. _____ Ward _____

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

Scott Shatto
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-28-1848

7. AGE YEARS 88 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Mo13. NAME Lige Shatto14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Tom Daller (ADDRESS) Salisbury Mo18. BURIAL, CREMATION OR REMOVAL PLACE Park Cemetery DATE 3/28 193619. UNDERTAKER Geo Blumelmeier (ADDRESS) Salisbury Mo20. FILED 3/26 1936 W. H. Harkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1936 to March 26 1936
Last saw him alive on March 24 1936 Death is said to have occurred on the date stated above, at 2 P. m.

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

Infirmities of old age Date of onset _____

Other contributory causes of importance:
Enlarged prostate & accompanying cystitis

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

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) E. L. Cichman
(Address) Salisbury 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.

WHILE PRINTING WITH ORIGINALS THIS IS A PERMANENT RECORD

