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.

MAY 22 1936

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

Do not use this space.

15808

1. PLACE OF DEATH

County: Lafayette Co. Registration District No. 460

Township: ~~Davis~~ Primary Registration District No. 4274

City: Higginsville, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Arthur Lee Short

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 17th 1913

7. AGE: YEARS 22 MONTHS 4 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe maker

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): Blairstown, Mo.

FATHER

13. NAME: Charles Lee Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER

15. MAIDEN NAME: Lora McGregor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Fay E Short. Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: City Cemetery DATE: 4/18/36, 19

19. UNDERTAKER (ADDRESS): A. H. Hader Higginsville, Mo.

20. FILED: Apr 17, 19 H. C. Mo Registrar.

MEDICAL CERTIFICATE OF DEATH 1936

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1936, to Apr. 16, 1936

I last saw him alive on Apr. 16, 1936. Death is said to have occurred on the date stated above, at 8:00 A.m.

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

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance: 23

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) W. A. Brackleen, M. D.

(Address) Higginsville, Mo.