

MAY 22 1936

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

Do not use this space.

16133

1. PLACE OF DEATH

County

Township

City

No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1879		
7. AGE YEARS 88	MONTHS 3	DAYS 24
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Bookkeeping		
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) 1930		11. Total time (years) spent in this occupation 15
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Co. Mo		
13. NAME George Shouse Sr		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru		
15. MAIDEN NAME Miriah Enslin		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
17. INFORMANT (ADDRESS) O. S. Shouse Wellsville Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE 4-29-36		
19. UNDERTAKER (ADDRESS) Wellsville Mo		
20. FILED 4/29 1936 Wm. M. McDermott Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to April 27, 1936

I last saw him alive on April 26, 1936 Death is said to have occurred on the date stated above, at 5:30 PM

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

Date of onset

Other contributory causes of importance:
9301

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? No

If so, specify _____

(Signed)

(Address)

M. D.

