WRITE PLAINLY, 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.

MAY 28 1936

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

Do not use this space.

File No. 18306

Registered No. 21

1. PLACE OF DEATH

County: Shelby

Township: Salt River

City: Shelbina Mo (No. ..... St. ..... Ward)

Registration District No. 830

Primary Registration District No. 4503

2. FULL NAME Victor Glenn Decker

(a) Residence, No. Shelbina Mo 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1931

7. AGE: YEARS 5 | MONTHS | 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.

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) Shelbina Mo

FATHER

13. NAME William Decker

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

MOTHER

15. MAIDEN NAME Eula Willey

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

17. INFORMANT Wm Decker (ADDRESS) Shelbina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE C.C.T. Shelbina Mo. DATE April 19, 1936

19. UNDERTAKER Brothers William Funeral (ADDRESS) Shelbina Mo.

20. FILED May 5, 1936 Mrs. R. H. Wailes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 18, 1936

I last saw him alive on April 17, 1936. Death is said to have occurred on the date stated above, at 2:A m.

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

Gastro-enteritis. From history given by family thought child died from complication

Date of onset

Other contributory causes of importance: Had convulsion 1 day and passed away before I reached him.

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) J. Stromich, M. D.

(Address) Shelbina, Mo.