

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.

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Buchanan, Registration District No. 5
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph's Hospital, St. _____ Ward _____)

File No. 18622
 Registered No. 708

2. FULL NAME Amos Sholty,

(a) Residence, No. 425 North 17th, St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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) Divorced,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 19, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>2</u>	<u>27</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co.

10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation. Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies County, Missouri,

13. NAME Benjamin Sholty,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

15. MAIDEN NAME Sarah Venz,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT (ADDRESS) Mrs. Ruth Fisher, 425 North 17th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE May 18th, 1936

19. UNDERTAKER (ADDRESS) Heaton, Beagle & Bowman, 519 So. 10th St. Funeral Home

20. FILED 5/18 1936 J. Nestelush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1936, to 5-16, 1936
 I last saw him alive on 5-16, 1936. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Carcinoma of colon Date of onset 6 Mo.
Chronic Nephritis 3 Mo.
 Other contributory causes of importance: Anemia 3 Mo.

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

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 Cancer of Colon, M. D.
 (Signed) _____
 (Address) 307 K. K. Street, Bluey.

