

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

Do not use this space.

JUN 27 1936

18743

File No.
 Registered No. 161
 St. Ward)

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township Primary Registration District No. 3008
 City Fulton (No., St. Ward)

2. FULL NAME

Charles Shorbhill
 (a) Residence, No. State Hospital 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. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21, 1936
 22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 21, 1936
 I last saw him alive on 5-21, 1936. Death is said to have occurred on the date stated above, at 9:40 A.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 7

Strangulated hernia with Peritonitis
Chronic nephritis
 Date of onset 5-15-36
5-16-36

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

Other contributory causes of importance:
General Arterio Sclerosis
Enlargement of Prostate

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no.....

13. NAME Thomas Shorbhill

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)

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

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

15. MAIDEN NAME Sallie Hudson

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

17. INFORMANT Records State Hosp
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board DATE May 22 1936

19. UNDERTAKER J. O. Roberts
 (ADDRESS) Columbia Mo

20. FILED May 22 1936 R. N. Crew
 Registrar.

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.

