

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.

1961 AUG 15 1936

25596

1. PLACE OF DEATH

County Bushman  
Township Washington  
City St Joseph (No. State Hosp #2)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 956  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

David Shapiro

(a) Residence, No. Kansas city mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? Unknown ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS Est 42 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. clerk  
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) Russia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records (ADDRESS) State Hospital No 2 St Joseph Mo

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) State Hosp #2

19. UNDERTAKER (ADDRESS) Heated B. & O. Co. 318 So 19 St St Joseph Mo

20. FILED July 18, 1936 Registrar J. Nestelshke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1<sup>st</sup>, 1936, to July 18, 1936  
I last saw him alive on July 7, 1936. Death is said to have occurred on the date stated above, at 1:55 a.m.  
The principal cause of death and related causes of importance were as follows:

Heat Exhaustion  
84  
Other contributory causes of importance:  
Dementia Praecox - Catatonic type  
1915 plus

Name of operation None Date of None  
What test confirmed diagnosis Chit Autopsy Was there an autopsy? Yes

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) E. P. DeLong, M. D.  
(Address) State Hosp #2

