NOV 28 1936

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

Do not use this space.

37551

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 330
City (No. 24 Highway and Farley st. St. Ward)

2. FULL NAME Omer Shields
(a) Residence, No. 505-Tennessee St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1877.

7. AGE 59 YEARS — MONTHS 9 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buttler Mfg Co
10. Date deceased last worked at this occupation (month and year) 10/13/36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ind

FATHER
13. NAME Greenberry Shields
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ind

MOTHER
15. MAIDEN NAME Elvira Stockwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Harvey Shields (ADDRESS) 505-Tennessee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE 10/15 1936

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606-Independence ave

20. FILED 10-15-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13/36 19

22. I HEREBY CERTIFY That I attended deceased from Sept 19 to ....., 19....
I last saw h.... alive on Sept 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Traumatism	
Fracture of the Skull	

Other contributory causes of importance: Pedestrian

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/13/36
Where did injury occur? Hunter & Kentucky Lady Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by motor car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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.

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