

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.

Zross

FEB 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Talk*
Township *Wagon*
City *Belmar*

Registration District No. *701*
Primary Registration District No. *24422*

File No. *2630*
Registered No. *9*
St. _____ Ward _____

2. FULL NAME

Juther Roland Shipley

(a) Residence, No. _____ St. _____ Ward _____

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 27, 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 27

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

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) *Talk County, Mo.*

13. NAME *John Shipley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maryland*

15. MAIDEN NAME *Anna R. Boren*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belmar, Mo.*

17. INFORMANT (ADDRESS) *Mrs. Sula Shipley, Belmar, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *Jan. 26, 1937*

19. UNDERTAKER (ADDRESS) *White Star Funeral Home, Belmar, Mo.*

20. FILED *Jan 25 1937* Registrar *J. Roberts*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 24, 1937*

22. I HEREBY CERTIFY That I attended deceased from *Jan 2, 1937* to *Jan 24, 1937*. I last saw him alive on *Jan 24, 1937*. Death is said to have occurred on the date stated above, at *11:30 p.m.*

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

Cirrhosis Liver.
untreated Cancer

Other contributory causes of importance

Name of operation _____ 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? *no* Date of injury _____, 19____

Where did injury occur? *no* (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) *M. J. Humphreys, M.D.*

(Address) *Belmar, Mo.*

