Coroner.

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

Do not use this space.

FEB 8 1937 791

File No. 4149

Registered No. 1192

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. St Johns Hospital St.) Ward)

2. FULL NAME Raymond D Short

(a) Residence, No. St., RR Ward. 1 Cuba Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1920

7. AGE: YEARS 16 | MONTHS 11 | DAYS 21 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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) St Louis Mo 1

FATHER

13. NAME Stephen Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER

15. MAIDEN NAME Mabel Downes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. 2

17. INFORMANT (ADDRESS) Stephen Short Cuba Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cuba Mo DATE 1-29 1937

19. UNDERTAKER (ADDRESS) J. H. Hollow Cuba Mo

20. FILED JAN 27 1937 J F Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.15 P m.

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

| | Date of onset |
|---|---|
| Fourth Degree Burns + Shock received while pouring gasoline in stove while attempting to start fire in stove at cabin located in Cuba Mo on Jan. 3/37 (Property damaged to the effect of $25) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/3/ 1937

Where did injury occur? Cuba Mo (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At cabin on father's property

Manner of injury

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred Perry M.D.

(Address) Deputy Coroner

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.