

APR 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Lamar 5<sup>th</sup>

Registration District No.

467

File No.

12419

Township

Lamar

Primary Registration District No.

4280

Registered No.

28

City

Lamar

(No. of)

Zack Hospital

St.

Ward)

## 2. FULL NAME

Lester Shart

(a) Residence, No.

(Usual place of abode)

Galena Mo St.

Ward.

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

J. W. Shart

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

Dec 1, 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

35 38 3 29

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

Home keeping

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)

indifferent

11. Total time (years) spent in this occupation

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

Galena Mo

MOTHER FATHER

13. NAME

John A. Williams

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

Lamar

15. MAIDEN NAME

Gullie Pursans

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

Galena Mo

17. INFORMANT

(ADDRESS)

J. W. Shart

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Galena Mo

DATE

Apr 2, 1937

19. UNDERTAKER

(ADDRESS)

Maple Undertaker

Lamar Mo

20. FILED

3/30

1937

R. W. Smart

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 3, 1937, to March 30, 1937

I last saw him alive on March 30, 1937. Death is said

to have occurred on the date stated above, at 10.00 a.m.

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

Post operative shock  
operated by Dr. [unclear]  
difficulties arising  
abscess  
Cause of abscess not determined

Date of onset

Other contributory causes of importance:

Name of operation (if any) operation Date of

What test confirmed diagnosis? All cases Was there an autopsy?

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?

If so, specify

(Signed)

R. W. Smart, M. D.

(Address)

Galena Mo

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

Do not use this space.

**1. PLACE OF DEATH**

County Lawrence Registration District No. 467 File No. 12419  
Township \_\_\_\_\_ Primary Registration District No. 4280 Registered No. \_\_\_\_\_  
City Aurora (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Christine Short  
(a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 3 29

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. \_\_\_\_\_

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 5/29/37 19\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1937

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

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 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:

Post operative shock, operation hysterectomy, appendectomy, ovarian abscess  
cause of abscess not determined

Date of onset \_\_\_\_\_

Other contributory causes of importance: N.M.O.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. W. Smart, M. D.

(Address) Aurora Mo

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.

SUPERVISOR

R. W. Smart  
Registrar

5-12419