

APR 22 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JeffersonRegistration District No. 1046411Township Shoal CreekPrimary Registration District No. 5810City Jefferson (No. R.R.)File No. 12801

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. R.R.  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 74. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Thomas M. Shumway6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Retired9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Davenport13. NAME John Lewis14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Ia15. MAIDEN NAME Mary M. Shumway16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Ia17. INFORMANT Alpha Jackson  
(ADDRESS) Jefferson, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jackson DATE 3/719. UNDERTAKER Anderson & Co  
(ADDRESS) Jefferson, Mo20. FILED 3-6-37 24 15 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 193722. I HEREBY CERTIFY, That I attended deceased from  
Dec 15, 1936, to Mar 3, 1937I last saw him alive on Mar 2, 1937 Death is said  
to have occurred on the date stated above, at 2 a. m.

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

Date of onset

Myocarditis Chronic

Other contributory causes of importance:

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) Albert Chervin M. D.(Address) Jefferson, Mo

