

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Camden
Township Little Prairie
City Caruthersville (No.)

Registration District No. 651
Primary Registration District No. 4388

File No. 12876
Registered No. 32
St. Ward

2. FULL NAME

Leiford Murrell Shultz

(a) Residence, No. E. 7th St. 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 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) January 29, 1936

7. AGE YEARS MONTHS DAYS 1 1 18 If LESS than 1 day, hrs. or min.

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) Caruthersville Missouri13. NAME Willie Shultz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Nettie Landrum16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas17. INFORMANT (ADDRESS) Willie Shultz Caruthersville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 3/13 193719. UNDERTAKER (ADDRESS) Lo Jango Undert. Co. Caruthersville, Mo.20. FILED March 23, 1937 Ada Motin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1937 3:00 P.M.22. I HEREBY CERTIFY, That I attended deceased from Mar. 9 - 1937 to Mar. 12 - 1937I last saw him alive on Mar. 9 - 1937 Death is saidto have occurred on the date stated above, at 3 P.M.

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

Broncho Pneumonia
(Primary)

Date of onset 3-8-37Other contributory causes of importance: 1072Name 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? NoIf so, specify (Signed) J. R. Purion M. D.(Address) Caruthersville, 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.

