CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state ... information should be carefully supplied. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No. 19628
Township — Primary Registration District No. 3008 — Registered No. 134
City Fulton, Mo (No. State Hosp #1 St. Ward)

2. FULL NAME Martin E. Shields
(a) Residence, No. Louisiana, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 26 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Rosie Hoffman (?)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1849

7. AGE: YEARS 87 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Coalville, Ohio

FATHER
13. NAME Jas. Shields
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Esther Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) State Hosp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hosp. Grounds DATE 5/15 1937

19. UNDERTAKER (ADDRESS) J. J. Tebbs Fulton Mo

20. FILED May 15 1937 R. N. Creus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to May 15, 1937
I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at 7 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Chronic Myocarditis and Myocardial degeneration	DK.
Other contributory causes of importance:	
2) Decubitus Ulcers	5-1-37
3) Senility	—

Name of operation None 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? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. A. Barnett, M. D.
(Address) Fulton, Mo.