

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County Lake
Township 3
City Louisiana (No. 900 Geo)

Registration District No. 689

Primary Registration District No. 3033

File No. 21016

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 900 Geo St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Lillian Shuttles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/18-63

7. AGE YEARS 74 MONTHS 0 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Not for many yrs 11. Total time (years) spent in this occupation 50

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

13. NAME Wm A English

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

15. MAIDEN NAME Addie Johnson

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

17. INFORMANT (ADDRESS) Mrs Wm English

18. BURIAL, CREMATION, OR REMOVAL PLACE Revernew DATE 5/21 1937

19. UNDERTAKER (ADDRESS) J. H. Miller

20. FILED 5/20 1937 J. H. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jany 1937 to May 19 1937
I last saw him alive on 5/19 1937 Death is said to have occurred on the date stated above, at 4:20 p. m.

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

Uremic Poisoning

Date of onset 3 weeks

Other contributory causes of importance: Chronic Nephritis

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) J. H. Miller, M. D.
(Address) Louisiana 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.

