

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN  
Township WA. SHINGTON  
City ST. JOSEPH

Registration District No. 85  
Primary Registration District No. 1001  
(No. ST. JOSEPH HOSPITAL)

File No. 26713  
Registered No. 801  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME KERMIT ARTHUR SHAY

(a) Residence, No. 1201 OLIVE ST. 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) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 30, 1901

7. AGE YEARS 36 MONTHS 2 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH, MISSOURI  
(STATE OR COUNTRY)

FATHER 13. NAME WILLIAM SHAY,

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

MOTHER 15. MAIDEN NAME HULDA ANDERSON

16. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH, MISSOURI  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) MRS. HULDA SHAY, MOTHER ST. JOSEPH, MISSOURI, 1201 OLIVE

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY, DATE JULY 19, 1937.

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 7/19 37 H. J. Spittleburg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 17, 1937. 19 viewed

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1937, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. l. m. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11 a. m.

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

Injuries received when hit on head with brick Date of onset 7/17 37

Other contributory causes of importance: None

Name of operation Decompression Date 7/15/37

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 7/11 37  
Where did injury occur? St. Joseph Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Hit on head with brick

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signature) B. W. Tadlock - Coroner M. D.  
(Address) King Hill Bldg.

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.

