

AUG 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County *Morgan*  
Township *Maple Creek*  
City *Jay* (No. *Shuck*)

Registration District No. *919*  
Primary Registration District No. *5793A*

File No. *27873*  
Registered No. *20*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Cherna Pape</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 24 - 1863</i>		
7. AGE	YEARS <i>74</i>	MONTHS <i>3</i>
	DAYS <i>7</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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) <i>Gloucester Mo.</i>		
FATHER	13. NAME <i>Christ Shuck</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Louise Hausmann</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Arthur Shuck, Shuck, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE & DATE <i>Bethlehem Cem. July 3rd 1937</i>		
19. UNDERTAKER (ADDRESS) <i>C. P. Rapp, Shuck, Mo.</i>		
20. FILED <i>Aug 10th 1937</i> <i>Wm L Ripberger</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 1, 1937*

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on *May 20, 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:

*accidental death*

*Was run over by a run-puppy trolley and binder*

Date of onset \_\_\_\_\_

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? *accident* Date of injury *July 1, 1937*

Where did injury occur? *at home in field* (Specify city or town, county, and State)

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

Manner of injury *was run over by trolley*

Nature of injury *Chest crushed. Head wound*

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify: \_\_\_\_\_

(Signed) *P. F. Eckhoff, D.O.*

(Address) *Versailles, Mo.*

Coroner Morgan Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months, and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

