

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

74 County *Madison*
Township *Boyer*
9 City *Marionville*

Registration District No. *626*
Primary Registration District No. *3031*

File No. *27954*
Registered No. *74*
St. _____ Ward _____

2. FULL NAME

Egypt S. Shapley
(a) Residence, No. *St. Francis Hospital* 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) *Married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-28-1867*
7. AGE YEARS *69* MONTHS *10* DAYS *26*
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
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

8. HUSBAND OF (OR) WIFE OF *Susie Shapley*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Liverpool England*

13. NAME *James S. Shapley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Joseph S. Shapley*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Conception mo. DATE 7-21-1937*

19. UNDERTAKER (ADDRESS) *Chas. Proctor Conception, Mo.*

20. FILED *7-19-1937* *Mamie E. Clardy* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-18-1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 15, 1937*, to *July 18, 1937*
I last saw him alive on *July 18, 1937*. Death is said to have occurred on the date stated above, at *7:45 PM*.
The principal cause of death and related causes of importance were as follows:

Cerebral Edema Date of onset *July 16, 37*
Brain contusion *July 16, 37*
Brain contusion *July 15, 37*

Other contributory causes of importance:
Fractured ribs right *July 15, 37*
Chest injury right *July 15, 37*
Fracture of right side of face *July 15, 37*

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 *7/15, 1937*
Where did injury occur? *Conception, Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *In home*
Manner of injury *Fell from roof*
Nature of injury *Severe head & chest laceration*

24. Was disease or injury in any way related to occupation of deceased? *yes*
If so, specify *fall from roof*
(Signed) *J. S. Shapley* M. D.
(Address) *Conception, 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.

