

AUG 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Stoddard (No. _____) St. _____ Ward _____

Registration District No. 832
Primary Registration District No. 604SE

File No. 28532

Registered No. _____

2. FULL NAME

Ernest Vernon Shivardeker

(a) Residence, No. _____ St. _____ 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) Single

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

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

7. AGE YEARS 10 MONTHS 9 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Malden, Mo.

13. NAME George F. Shivardeker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan, Mo.

15. MAIDEN NAME Rosa J. Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell, Mo.

17. INFORMANT Geo. F. Shivardeker

18. BURIAL, CREMATION, OR REMOVAL PLACE Essy, Cal. DATE 7-23-1937

19. UNDERTAKER Mackins & Johnson

(ADDRESS) Stoddard, Mo.

20. FILED 8-10 1937 Margaret Beaudry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to July 22, 1937

I last saw him alive on July 22, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Ruptured appendix Date of onset 7/16/37

Other contributory causes of importance: _____

Name of operation not reported Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify _____

(Signed) J. P. Brandon, M. D.

(Address) Essy, 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.

