

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

Do not use this space.

SEP 15 1937

30087

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1503 Hickson 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1857

7. AGE YEARS 79 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Columbia Mo.

13. NAME Steman Shobe

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

15. MAIDEN NAME Susan Galloway

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

17. INFORMANT Mrs L D Shobe (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cal. Cem. DATE 8-17-37

19. UNDERTAKER Starkes Funeral Co (ADDRESS) Mo. Hwy

20. FILED 8/16/37 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1937, to _____, 1937.

I last saw him alive on Aug. 15, 1937. Death is said to have occurred on the date stated above, at 2 am.

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

Cerebral hemorrhage (Date of onset) 8-9-37

Other contributory causes of importance: Standard Antineoplastic R.P. do not know

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? No Date of injury _____, 1937.

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 home

Nature of injury _____

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

If so, specify _____

(Signed) W. D. Bryant, M. D. (Address) Columbia, 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.

