

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

Do not use this space.

1842

1. PLACE OF DEATH

County Adair
Township
City Kirksville

Registration District No. 4
Primary Registration District No. 5001
(No. 607 East Cottonwood

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME Charley Shafer 160

(a) Residence, No. 607 East Cottonwood St., _____ Ward.

(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 Philippine Shafer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rtd 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) Germany

13. NAME Jacob Shafer

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

15. MAIDEN NAME Philippine Blind

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

17. INFORMANT Katherine Shafer
(ADDRESS) 607 E Cottonwood Kirksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 1-11-1938

19. UNDERTAKER Dee Riley Funeral Home
(ADDRESS) Kirksville Mo

20. FILED Jan 11 1938 Spencer L Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937 to Jan 9 1938

I last saw him alive on Jan 9 1938. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

(Cerebral Apoplexy)
Paralysis
10 yrs ago

Other contributory causes of importance:
cerebral apoplexy
arterio-sclerosis
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? physical findings Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide _____ 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.

FEB 21 1938

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Roy M. Wolf M.D.
(Address) Kirksville Mo

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every inch of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1978
MAY 13

1978
MAY 13