

REC'D JUL 19 1938

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

Do not use this space.

21281

1. PLACE OF DEATH

County Bates
Township Mt. Pleasant
City Butler

Registration District No. 50
Primary Registration District No. 3004
(No. Butler Memorial Hospital)

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME Aaron Showalter

(a) Residence, No. Adrian
(Usual place of abode)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Mull Showalter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
91 4 6

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) Indiana
(STATE OR COUNTRY)

13. NAME Daniel Showalter

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

15. MAIDEN NAME Anna Brower

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

17. INFORMANT J. M. Showalter
(ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crescent Hill DATE June 27, 1938

19. UNDERTAKER Creath and Shif
(ADDRESS) Adrian Mo.

20. FILED JUN 27 1938 Mona H. Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 17 1938 to June 26, 1938
I first saw him alive on June 24, 1938 Death is said to have occurred on the date stated above, at 1:00 A.M.

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

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? hccr Date of injury 6-12, 1938

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 Fall from

Nature of injury _____

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

If so, specify _____

(Signed) Charles W. Lutes, M. D.(Address) Butler, Mo.

53

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.

