

REC'D AUG 24 1938

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

Do not use this space.

24969

1. PLACE OF DEATH

County Carroll Registration District No. 133
Township Besler Primary Registration District No. 5185
City Boyard, Mo. (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 6

2. FULL NAME

Clifford Herbert Shirley 640
(a) Residence, No. _____ St. Wd.
(Usual place of abode)

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 X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9-1895
7. AGE YEARS 42 MONTHS 6 DAYS 24 If LESS than 1 day, _____hra. or _____min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Carroll County (STATE OR COUNTRY) Mo.

13. NAME L. Jess. Shirley

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

15. MAIDEN NAME Block.

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

17. INFORMANT Mrs. L. J. Shirley (ADDRESS) Boyard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith DATE July 4, 1938

19. UNDERTAKER E. A. Dickerson (ADDRESS) Boyard, Mo.

20. FILED 7/4 1938 Gene Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 - 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 1938, to July 3, 1938.
I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Multiple Sclerosis
Date of onset _____

Other contributory causes of importance: _____
87B.

Name of operation None Date of _____

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

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. _____

Manner of injury _____

Nature of injury _____

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

If so, specify _____
(Signed) P. H. Cook _____, M. D.
Carrollton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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