

SFP 16 1938

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

29389  
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496  
 (b) Township Brookfield Primary Registration District No. 3025 Registered No. 43  
 (c) City Brookfield (d) Street No. 713 Mcgowan St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 713 Mcgowan St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Shaul  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 1859  
 7. AGE YEARS 79 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as 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) Hancock County (STATE OR COUNTRY) Ill.

FATHER 13. NAME G. W. Shaul  
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Bryant  
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ill.

17. INFORMANT A. G. Shaul (ADDRESS) Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Aug-16-1938

19. FUNERAL DIRECTOR (NAME) Hill Funeral Chapel (ADDRESS) Brookfield Mo.

20. FILED Sep 1 1938 W. H. Lewis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-13-1938  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938, to Aug 13, 1938  
 I last saw him alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decompensation July 1938  
Ch. Myocardial Degeneration Unknown  
 Date of onset July 1938

Other contributory causes of importance:  
Ch. Myocardial Degeneration Unknown

Name of operation... 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? 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  
 (Signed) James Evans M. D.  
Brookfield Mo (Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-24

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*J. W. Blacklock*

....., or by .....

Registered Apprentice No. ~~2246~~ ....., working under my personal supervision.

Signed

*J. W. Blacklock*

Licensed Embalmer No. 2246

P. O. Address

*Brookfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.