

REC'D OCT 18 1938

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

Do not use this space.

33509

1. PLACE OF DEATH

County *Sullivan*

Registration District No. _____

Township *Bowman*Primary Registration District No. *85-1*City *Osgood* (No. _____)*4520*

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

*Billy Keith Shinafelt**514*

(a) Residence, No. _____ 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) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 22 - 1937*7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
*1 - 0 22*OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) *Osgood Mo.*FATHER
13. NAME *James Shinafelt*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Milan Mo.*MOTHER
15. MAIDEN NAME *Vera Taylor*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan Co Mo*17. INFORMANT (ADDRESS) *Jas. Shinafelt Osgood Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Albany Cemetery, Harris Mo* DATE *Sept 14 1938*19. UNDERTAKER (ADDRESS) *R. S. Payne & Son Salt Mo.*20. FILED *Sept 14 1938 Cordelia Shores Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 13 1938*22. I HEREBY CERTIFY, That I attended deceased from *9-6-1938*, to *9-12-1938*I last saw him alive on *9-10-1938*. Death is said to have occurred on the date stated above, at *7:30* m.

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

*Shapiro-enteritis, acute, 9-4-38*Other contributory causes of importance: *Toraxia*

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*If so, specify _____ (Signed) *U. C. Weston*, M. D.*Salt Mo.* (Address) *770*

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.

J 20314

RECEIVED

District Health Officer No. 10

District File Number 10-38-401

Date Filed 10-6-38