

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Knox Registration District No. 444
 52- Township Myrtle Primary Registration District No. 5603
 City (No. _____) St. _____ Ward _____

2. FULL NAME Percy Anderson Shotton
 (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.

File No. 36093
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Paula Shotton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30 1896</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>0</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Co Mo</u>		
FATHER	13. NAME <u>William C Shotton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox City Mo</u>	
MOTHER	15. MAIDEN NAME <u>Ilda Catharine Anderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Paula Shotton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Knox City Mo</u>	DATE <u>Oct 14 1938</u>	
19. UNDERTAKER (ADDRESS) <u>A. J. Suss</u>		
20. FILED <u>Oct 14 1938</u>	<u>J. R. Northcutt</u> Registrar.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-12-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

Coroners Verdict. Date of onsetDied his own land by jumping in a cistern well.

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? Accident Date of injury Oct 12, 1938Where did injury occur? at home 7 miles east of Knox City Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
Home.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Keith Hudson CoronerEdina Mrs.

(Address) _____

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N. B.—Every item of information should be carefully supplied. AG2 should be stated EXACTLY. THIS STATE'S MOUNTAIN CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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