

1939 MAR 15

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard  
Township Liberty  
City Depest

Registration District No. 838  
Primary Registration District No. 6098B

File No. 8015  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Franklin Shiverdecker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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>Rosa Shiverdecker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-31-1881</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>3</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>Life</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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-39  
22. I HEREBY CERTIFY, That I attended deceased from Feb 17 to Feb 27  
I last saw him alive on Feb 26, 1939. 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:

acute pyememia  
19 C  
Other contributory causes of importance: None  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis: None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 11 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 11  
Nature of injury 11

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) R. A. G. [Signature] M. D.  
(Address) Essen, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballinger Co., Mo.</u>
	13. NAME <u>George Shiverdecker</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballinger Co., Mo.</u>
	15. MAIDEN NAME <u>Diney Kinder</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballinger Co., Mo.</u>
	17. INFORMANT (ADDRESS) <u>Rosa Shiverdecker</u> <u>Essen, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Essen</u> DATE <u>3-1-39</u>	
19. UNDERTAKER (ADDRESS) <u>Walker's General Store</u> <u>Depest, Mo.</u>	
20. FILED <u>3/9</u> 19 <u>39</u> <u>Jennie Burt</u> Registrar.	

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

