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.

REC'D APR 25 1939

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

Do not use this space.

File No. 11486

Registered No. 28

1. PLACE OF DEATH

County Macon 1 Registration District No. 533

Township Primary Registration District No. 3027

City Macon (No. St. Ward)

2. FULL NAME Edwin Walter Shouse

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1863

7. AGE YEARS 75 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Knox Co Mo

FATHER

13. NAME Geo. W. Shouse

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

MOTHER

15. MAIDEN NAME Elizabeth Rice

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

17. INFORMANT (ADDRESS) A. E. Shouse La Plata Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Plata DATE Mar 23 1939

19. UNDERTAKER (ADDRESS) D. S. Christie La Plata Mo 476

20. FILED 3/27 1939 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20 1939, to March 22 1939

I last saw him alive on March 22 1939. Death is said to have occurred on the date stated above, at 2 p. m.

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

Broncho-pneumonia — Date of onset March 1939

Other contributory causes of importance: Influenza — March 1936

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

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) T. F. Turner, M. D.

(Address) Macon, Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-39-642
Date Filed APR 20 1939