REC'D MAY 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard — Registration District No. 840 — File No. 16309
Township Duck Creek — Primary Registration District No. 6102 — Registered No. 12
City Puxico Mo. (No. ..... St. ..... Ward)

2. FULL NAME John Thomas Short
(a) Residence, No. Puxico Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Infant.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 21-39
7. AGE: YEARS 1 — MONTHS 3 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
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): Puxico Mo. Stoddard Co. Mo.

FATHER
13. NAME: Lawrance Cookston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Puxico Mo.

MOTHER
15. MAIDEN NAME: Opal Short.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs Arthur Short Puxico Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Mo Cem DATE May 1 1939
19. UNDERTAKER (ADDRESS): Lloyd S. Morgan Advance Mo.
20. FILED 4-30 1939 DeMaris Dysart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4, 22, 1939, to 4, 30, 1939
I last saw him alive on 4, 24, 1939. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute anterior Poliomyelitis	4.22.39

Other contributory causes of importance: 16

Name of operation: none 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?
If so, specify Dr. John H. Uhle
(Signed) Puxico, Mo., M.D.
(Address)

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.