

25 JUN 13 1939

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

Do not use this space.

18573

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1. PLACE OF DEATH

County Franklin  
Township Boone-South  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 295  
Primary Registration District No. 5415A

File No. \_\_\_\_\_  
Registered No. 2J -  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME 432 Felix Shoults

(a) Residence, No. Sullivan Mo  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1855

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
|        | <u>84</u> | <u>1</u> | <u>29</u> |  |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) Crawford County  
(STATE OR COUNTRY) Missouri.

13. NAME Isreal Shoults

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Eliza --- Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Lilburn Shoults  
Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Eminence, Mo. DATE April 18, 1939

19. UNDERTAKER (ADDRESS) None

20. FILED 4/17 19 39 Chas. S. ...  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939, to April 17, 1939.  
I last saw him alive on Apr 16, 1939 Death is said

to have occurred on the date stated above, at 1 P. m.

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

myocarditis Date of onset 4-7-39

Other contributory causes of importance: Senility - 93 yr

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) [Signature] M. D.  
(Address) Sullivan, Missouri.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

18573

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295/1104  
(b) Township Boone Primary Registration District No. 5415A  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 23 ~~23~~ 23

2. PRINT FULL NAME

(a) Residence, No. Sullivan Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Shoults  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 1 29  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. retired  
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939  
22. I HEREBY CERTIFY that I attended deceased from April 9 to April 17, 1939  
I last saw him live on April 16, 1939. Death is said to have occurred on the date stated above, at 1:10 p.m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Date of onset 4/9  
39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford County Missouri  
13. NAME Israel Shoults  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME Eliza unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) Lillian Shoults Sullivan Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Emmence Mo DATE April 18, 39  
19. FUNERAL DIRECTOR (ADDRESS) none  
20. FILED 1-15 1940 Chas A Shoults Local Registrar.

Other contributory causes of importance: senility  
Name of operation none Date of .....  
What test confirmed diagnosis? physical 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) R.P. Royce, M. D.  
(Address) Sullivan Mo

FATHER MOTHER

DUPPLICATE

