

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

Do not use this space.

REC'D JUL 17 1939

22755

**1. PLACE OF DEATH**

County Morgan Registration District No. 919  
 Township Laid Creek Primary Registration District No. 5793e  
 City St. Louis St.          Ward         

File No.           
 Registered No. 8

**2. FULL NAME**

Roy H. Shockley Jr  
 (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.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>        </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1939</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, <u>3</u> hrs. or <u>        </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>        </u>	11. Total time (years) spent in this occupation <u>        </u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>	
	10. Date deceased last worked at this occupation (month and year) <u>        </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo</u>		
FATHER	13. NAME <u>Roy H. Shockley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Bertha Iny Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo</u>	
17. INFORMANT <u>Bertha J. Hedrick</u> (ADDRESS) <u>Stover Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stover Mo</u> DATE <u>June 3, 1939</u>		
19. UNDERTAKER <u>Friends</u> (ADDRESS) <u>Stover Mo</u>		
20. FILED <u>July 10, 1939</u> <u>Paul Ripberger</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY that I attended deceased from June 3, 1939, to June 3, 1939.  
 I last saw him alive on June 3, 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:  
Premature Birth

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?          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) Chas. West, M. D.  
 (Address) Stover Mo

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.

Officer No. 7,  
License Number 7-39-1013  
Date Filed 7-12-39