

AUG 7 1939

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

26247

Do not use this space.

1. PLACE OF DEATH
(a) County Mercer Registration District No. 553
(b) Township Marion Primary Registration District No. 5746 Registered No. 15
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Lester Harrison Shields
(a) Residence, No. R. F. D. Mercer Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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>Jessie Shields</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14, 1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1939</u>	
	11. Total time (years) spent in this occupation <u>Life time</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME <u>Madison Shields</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Jessie Shields Mercer Mo.</u>		
18. BURIAL PLACE OF BENEFITARY <u>St. Paul's</u> DATE <u>7/24</u> 1939		
19. FUNERAL DIRECTOR (ADDRESS) <u>D. O. Greenlee Genevieve Iowa</u>		
20. FILED <u>7/24</u> 1939 <u>S. T. Davis</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1939
22. I HEREBY CERTIFY That I attended deceased from July 22 1939 to July 23 1939
I last saw him alive on July 22 1939 at 7:00 PM Death is said to have occurred on the date stated above, at 7:00 PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Hypertension

- 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?
If so, specify
(Signed) A. J. Smith M.D. M. D.
(Address) Genevieve Iowa

RECEIVED

District No. 12

District No.

Date Filed

AUG 2 1930

839-944

STATEMENT BY LICENSED EMBALMER

I, O. O. Grumble, Licensed Embalmer No. 872

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Amos L. Grumble

L. E. 3967

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed O. O. Grumble

Licensed Embalmer No. 872

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)