

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

Do not use this space.

1. PLACE OF DEATH

County Lancaster
Township Lancaster
City Miller (No. 4287)

Registration District No. 469
Primary Registration District No. 5630

File No. 36512

Registered No. 12 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 110 Clayton Josephus Shaffer

(Usual place of abode) Miller Mo. Ward _____

Length of residence in city or town where death occurred

see else 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 single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-1864

7. AGE YEARS 75 MONTHS ✓ DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Lancaster, Mo.

MOTHER FATHER 13. NAME Julius Shaffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Virginia

15. MAIDEN NAME Julia Stoffall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Missouri

17. INFORMANT Mrs Anna Webb (ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Oak DATE 8-13-1939

19. UNDERTAKER Morris L. Simon (ADDRESS) Miller Mo.

20. FILED 11-1 1939 W. S. Burnley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1939, to Aug 12 1939

I last saw him alive on Aug 12 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Sudden death most likely meningitis of head. as history given had been completely from a heart register

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? none 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) L. J. Holmes M. D.

(Address) Miller Mo.

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.

NOV 28 1939

RECEIVED

District Health Officer No. 6,

District File Number 1139-2179

Date Filed NOV 7 1939