

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

Do not use this space.

1. PLACE OF DEATH

County Marion

Township Jefferson

City 240

Registration District No. 541

Primary Registration District No. 5739

File No. 7322

Registered No. _____

St. _____ Ward _____

2. FULL NAME Charles Clifford Shockley

(a) Residence, No. Marion Co St. 1 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 0 2

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. _____

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) Cleavesville Mo.

13. NAME Roscoe Shockley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleavesville Mo.

15. MAIDEN NAME Bertie Durbin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eland Mo.

17. INFORMANT John E. Shockley
(ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Campbell Cem DATE Feb. 4 1940

19. UNDERTAKER S. G. Lickliger
(ADDRESS) Belle, Mo.

20. FILED Mar 11 1940 Mrs. Geneva Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3 p. m.

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

Shooting in temple with 22 Caliber Rifle.

Date of onset _____

Other contributory causes of importance: 167

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? suicide Date of injury Feb. 1, 1940

Where did injury occur? Marion County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Sophia Poe M. D.

(Address) Justice of the Peace

Belle, 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.

