FILED JUN 22 1940

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

Do not use this space.

1. PLACE OF DEATH
County DeKalb — Registration District No. 264 — File No. 21630
Township Grant — Primary Registration District No. 5367 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Colfax Shaffer
(a) Residence, No. Maysville Mo. St., R 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia R. Shaffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8th 1869

7. AGE: YEARS 71 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Albany Mo.

FATHER
13. NAME: John W. Shaffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Julia R. Shaffer, Maysville Mo.

18. BURIAL, CREMATION, OR REMOVAL: Fairport Cem. DATE 5/28-40 19

19. UNDERTAKER (ADDRESS): Pilcher Funeral Home, Maysville Mo.

20. FILED 5-28 1940 Mrs. Kessler Dixon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from MAY 18, 1940, to MAY 27, 1940
I last saw him alive on MAY 27, 1940. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE WITH HEMIPLEGIA	5-18-40
HYPOSTATIC BRONCHO-PNEUMONIA	5-26-40
GENERALIZED ARTERIOSCLEROSIS WITH HYPERTENSION	UNDET.
Other contributory causes of importance: MITRAL STENOSIS	UNDET.

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) John M. Cooper, M. D.
(Address) MAYSVILLE, MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11
District File Number 740-1261
Date Filed JUL 19 1940

Embalmed by C.T.Pilcher
Missouri Licence # 3960