

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

Do not use this space.

**7750**

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 5-4

Township St. Louis

Primary Registration District No. 6-085

City St. Louis (No.       )

File No.       

Registered No.       

St.        Ward       

**2. FULL NAME**

G. Alouzo Short

(a) Residence. No.        St.        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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Laura B. Short

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 10 - 1865

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62.</u>	<u>4</u>	<u>3</u>	<u>      </u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

George Short

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not known

**12. MAIDEN NAME OF MOTHER**

not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

not known

PARENTS

**14. INFORMANT**

(Address)

Bevil Short  
B. Short

**15. FILED**

April 7, 1928

J. B. Howell  
Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3 / 18 1928

**17. I HEREBY CERTIFY, That I attended deceased from**

Oct 1928, to Oct 1928

that I last saw him alive on Feb 20 1928, and that death occurred, on the date stated above, at        m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Brights

**CONTRIBUTORY (SECONDARY)**

131 (duration) yrs. 4 mos.        da.  
127 (duration) yrs.        mos.        da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH,       

**8 DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY?       

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) R. R. Shaffer, M. D.

3/19, 1928 (Address) Rich Hill Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Beauvoir St. Clair Co 3.19-1928

**20. UNDERTAKER**

**ADDRESS**

Frank Lee Appleton City 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.

