

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

Do not use this space.

1. PLACE OF DEATH

19 County Linn
Township Boehr
City Lansdown (No.)

Registration District No. 242
Primary Registration District No. 5977a

File No. 26082
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1 married

22. I HEREBY CERTIFY, That I attended deceased from July 21 1934, to July 21 1934. I last saw him alive on July 21 1934. Death is said to have occurred on the date stated above, at 6 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 00/7/1874

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

7. AGE YEARS 59 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.

gun shot wound in head. Self inflicted. Date of onset July 21

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

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.....

Other contributory causes of importance 167

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Edwin Shover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Edwin Shover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Charles Shover

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE July 22

19. UNDERTAKER (ADDRESS) Edwin Shover

20. FILED July 25 1934 Edwin Shover Registrar.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Jan. 21 1934 Where did injury occur? Lansdown Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home Manner of injury Shot in forehead. Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify. (Signed) Edwin Shover, M. D. (Address) Lansdown 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.

AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

