

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

Do not use this space.

38681

DEC 23 1931

1. PLACE OF DEATH

County Ray  
Township Edwin  
City Rayson (No. \_\_\_\_\_)

Registration District No. 742  
Primary Registration District No. 5977a

File No. \_\_\_\_\_  
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. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Cada Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20-1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 | 7 | 27 | \_\_\_\_\_

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer  
(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  
James Sharp

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. FILED

Nov 26 1931

Edwin Shouse

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 16<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from June 11<sup>th</sup> 1931 to Nov. 16<sup>th</sup> 1931, and that I last saw him alive on Nov. 16<sup>th</sup> 1931, and that death occurred, on the date stated above, at about 5 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

46 F. Cause of liver  
CONTRIBUTORY (SECONDARY) 46 F.  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) Edwin Shouse, M. D.

, 19 (Address) Rayson, 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

21. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Rayson Mo

Nov 17 1931

22. UNDERTAKER

ADDRESS

Edwin Shouse

Rayson 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.

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