

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.

MAY 25 1932

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

Do not use this space.

20057

1. PLACE OF DEATH
 58 County Linn Registration District No. 503
 Township Person Brook Primary Registration District No. 4306
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME David G Shiflett
 (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

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 Mary Ann Shiflett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1851

7. AGE YEARS 81 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Auctioneer
 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 17 1/2

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

FATHER
 13. NAME Galen Shiflett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known ?

MOTHER
 15. MAIDEN NAME Shiflett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Walker Shiflett (ADDRESS) Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadoille Cem DATE June 25, 1932

19. UNDERTAKER J. H. Howard (ADDRESS) Laclede, Mo

20. FILED 6-23-32 1932 E. A. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1932

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

I last saw him alive on May 7, 1932 Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of sigmoid
Flexure of colon
 Date of onset about June 1931

Other contributory causes of importance:
①

Name of operation Colostomy Date of Apr. 32
 What test confirmed diagnosis? Sigmoidoscopy Was there an autopsy? NO

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) Jan Hardy, M. D.
 (Address) Summer Mo

100-1000