

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

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid
Township LaFork
City Marston (No.)

Registration District No. 2011
Primary Registration District No.

File No. 27125
Registered No.
St. Ward

2. FULL NAME

Jake Shiflett

(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. 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) Don't know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
about 53

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

13. NAME Austin C. Shiflett

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

15. MAIDEN NAME Mary Neely

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

17. INFORMANT J. Fuller
(ADDRESS) Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Edward DATE 8/24 33

19. UNDERTAKER R. M. Payne
(ADDRESS) Portageville Mo

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1933 to 8/23, 1933
I last saw him alive on 8/22, 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Colitis
190 B
Other contributory causes of importance:

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?
If so, specify
(Signed) A. S. Kelley, M. D.
(Address) Portageville 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.

OCT 20 1933

MOTHER FATHER 2 92 59

