

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.

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

Do not use this space.

JAN 12 1935

1. PLACE OF DEATH

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City Washington (No.         ) St.          Ward         

File No. 45609  
Registered 258

2. FULL NAME

Mr. J. Shiblett  
(a) Residence, No. State Hospital # 3 St.          Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 2 mos. 19 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 28, 1876  
7. AGE YEARS 57 MONTHS 11 DAYS 25 If LESS than 1 day,          hrs. or          min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) Ohio  
13. NAME Mr. J. Shiblett  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.  
15. MAIDEN NAME Rebecca Linch  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
17. INFORMANT (ADDRESS) Miss Mary Shiblett, Washington, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper Mo DATE Dec 24, 1934  
19. UNDERTAKER (ADDRESS) Tetter Bros, Jasper Mo  
20. FILED 12-24-34 M. Cuckinger Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 23, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934 to DEC 23, 1934  
I last saw him alive on Dec 23, 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral arteriosclerosis with hypertension Date of onset           
9/20/201  
Other contributory causes of importance: Cerebral hemorrhage 1 w.h.  
Name of operation none Date of           
What test confirmed diagnosis? Clinical 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) T. T. O'Neil M. D.  
(Address) Hemuda, Mo.

