

NOV 19 1937

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

Do not use this space.

38280

1. PLACE OF DEATH

County Moniteau  
Township Harrison  
City High Point

Registration District No. 674  
Primary Registration District No. 379.0A

File No. \_\_\_\_\_  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Prudie Short

(a) Residence, No. High Point, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Short</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8th, 1877</u>		
7. AGE	YEARS	MONTHS
<u>65</u>	<u>60</u>	<u>5</u>
		DAYS
		<u>23</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	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) High Point  
(STATE OR COUNTRY) Missouri.

13. NAME John Ratcliff

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

15. MAIDEN NAME Fannie Derby

16. BIRTHPLACE (CITY OR TOWN) No Recrd.  
(STATE OR COUNTRY)

17. INFORMANT John Short  
(ADDRESS) High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodmah Cem, High Point, 11-4 1937

19. UNDERTAKER G.N. Steffens  
(ADDRESS) Russellville, Mo.

20. FILED 11/2 1937 Jewell W. Phillips  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1933 to 11-1 1937

I last saw h. or alive on 10-18 1937 Death is said to have occurred on the date stated above, at 9:30 m.

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

Chronic Myocarditis  
Intermittent Nephritis Jan 1929

Other contributory causes of importance:  
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) E. B. Shelton M. D.  
(Address) Eldon, 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.

CAUSE OF DEATH IN BURN (same as) . . . it was the oxygen deprivation . . . it was the oxygen deprivation . . .

EXACT REPLICATION OF OCCUPATION

EXACT REPLICATION OF OCCUPATION

EXACT REPLICATION OF OCCUPATION

EXACT REPLICATION OF OCCUPATION

EXACT REPLICATION OF OCCUPATION

EXACT REPLICATION OF OCCUPATION

EXACT REPLICATION OF OCCUPATION

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

38280  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 576  
(b) Township Harrison Primary Registration District No. 572 Registered No. 30  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Prudie Short

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19... to ... 19...  
I last saw h..... alive on ....., 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
100 5 23

to have occurred on the date stated above, at.....m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE ..... DATE 11/4 1937

Manner of injury.....

Nature of injury.....

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED 11/2 1937 Jewell W. Phillips Local Registrar

(Signed) E. C. Shelton, M. D.

(Address) Elders

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

