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

Do not use this space.

JUN 23 1933

68

1. PLACE OF DEATH
County Moniteau Co
Township ~~[illegible]~~ Pilot Grove
City (No. St. Ward)

Registration District No. 577
Primary Registration District No. 5745

File No. 17218
Registered No. 5

2. FULL NAME Arthur J. Shores

(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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~Married~~ Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. J. [illegible]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1871

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ......hrs. or ......min. |
|---|---|---|---|
| 62 | 1 | 14 | |

OCCUPATION
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) Johnston Co Mo.

FATHER
13. NAME Jerry Shores
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary J. Huntsman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston Co. Mo.

17. INFORMANT Glenn Shores
(ADDRESS) Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE May 19 1933

19. UNDERTAKER W. T. Kidwell
(ADDRESS) Versailles, Mo.

20. FILED 6-9 1933 J. M. Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 17, 1933

I last saw him alive on May 17, 1933. Death is said to have occurred on the date stated above, at 2 A m. 33

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

Brights Disease Albuminuria

132 A
132 B 132

Other contributory causes of importance:

Name of operation no Date of —
What test confirmed diagnosis? Analysis of Kidneys 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) H. E. Blackstone M. D.
(Address) Versailles Mo. (R.

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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1

[illegible]
[illegible]