

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

Do not use this space.

31901

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township " Primary Registration District No. 3009  
 City Cape Girardeau (No. 1127) South Ellis St. " Ward "

File No. 31901  
 Registered No. 302

**2. FULL NAME** George Washington Shoults

(a) Residence, No. 1127 South Ellis 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>85</u>	<u>6</u>	<u>28</u>	<u>28</u>	

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

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) Old Appleton, Mo. (STATE OR COUNTRY)

13. NAME Frank Shoults

14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

15. MAIDEN NAME Jane Cotner

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

17. INFORMANT Mrs. Willis Knox (ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Apple Creek Cem. DATE Oct. 1 1938

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 9-30-38 J. M. Thompson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1938 to 9/30 1938

I last saw him alive on 9/29 1938. Death is said to have occurred on the date stated above, at 2:15 a.m.

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

Branches of pneumonia Date of onset 9/27/38

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) J. M. Thompson M. D.

(Address) Jackson, 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.

