APR 27 1927

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

Do not use this space.

9481

1. PLACE OF DEATH

County St Louis — Registration District No. 789 791 — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 81

City (No. 6344 Surburban St. Ward)

2. FULL NAME Maude Shelton

(a) Residence. No. 6344 ~~Shelton~~ Surburban Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
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: Earl Shelton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-22-1902

7. AGE: Years 24 — Months 9 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bonne Terre
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: James A. Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Francis County
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Alice Shaner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Francis County
(STATE OR COUNTRY): Mo.

14. INFORMANT: Earl Shelton
(Address): 6344 Surburban.

15. FILED 3/11 1927 ~~Max C. Starkloff~~ Rolla Bracy M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-10- 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16/27, 19..., to Mch. 9, 1927, that I last saw her alive on Mch. 9, 1927, and that death occurred, on the date stated above, at 2:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia - (Streptococcus viridans)
Acute Infectious Endocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Endocarditis (Rheumatic Heart)

(duration) (8) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. N. Lyon, M.D.

3/10, 1927 (Address) Missouri Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove Cem — DATE OF BURIAL: 3 12 1927

20. UNDERTAKER: A. Ryan L. Mo — ADDRESS: 2707 North Grand.

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.