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.

27619

SEP 28 1927

1. PLACE OF DEATH

County: Johnson — Registration District No. 431

Township: ~~Warrensburg~~ — Primary Registration District No. 3023

City: Warrensburg, (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Shelton Not Named

(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: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep. 9 1927

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 0. — If LESS than 1 day, 6 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Warrensburg

PARENTS

10. NAME OF FATHER: Earl Shelton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Henry Co Mo

12. MAIDEN NAME OF MOTHER: Sella Goodnight

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri

14. INFORMANT: Earl Shelton
(Address): Warrensburg

15. FILED: Sept 9 27 Wm R Patterson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep. 9. 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 9 27, 1927, to Sept 9 27, 1927, that I last saw h. alive on Sept 9 27, 1927, and that death occurred, on the date stated above, at 1.3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6 months gestation

159

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

CONTRIBUTORY (SECONDARY): Premature birth cause Not known

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J B Hall, M. D

9/9, 1927 (Address) Warrensburg Mo.

*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: Sunset Hill Cem

DATE OF BURIAL: Sep. 10 27

20. UNDERTAKER: S. R. Sweeney

ADDRESS: Warrensburg