

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

Do not use this space.

36494

1. PLACE OF DEATH

County Gasconade
Township Carroll
City (No.)

Registration District No. 303
Primary Registration District No. 5422

File No.
Registered No. 26
St. Ward

2. FULL NAME

Sarah Ann Shelton

(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

Female

4. COLOR OR RACE

White

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

Widowed

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

William Shelton

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

Apr. 2, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

66

8

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pa., Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

James D. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Brown, Mo.

12. MAIDEN NAME OF MOTHER

Mary C. Warren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT
(Address)

S. Shelton
Sea, Mo.

15.

FILED

Dec 30 19 27 J. J. Ferrell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec. 26, 1927

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Dec. 26, 1927 that I last saw her alive on Dec. 26, 1927, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Renal
Pulmonary Tuberculosis
84

CONTRIBUTORY (SECONDARY)

(duration) 10 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. J. Ferrell M. D.

Dec 27, 1927 (Address) Menerville, 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

DATE OF BURIAL

Sea, Mo.

Dec 27, 1927

20. UNDERTAKER

ADDRESS

M. F. Galtminder, Menerville, 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.

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