R 30 1928

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

Do not use this space.

11971

1. PLACE OF DEATH
County: Taney — Registration District No. 859 — File No. 11
Township: Oliver — Primary Registration District No. 6130 — Registered No.
City: ~~Hollister~~ Mo. — St. — Ward)

2. FULL NAME: Nancy C. 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby 22 1851

7. AGE: Years 77 — Months — Days 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Carrol Co. Ark

PARENTS
10. NAME OF FATHER: Aly Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Phillips
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: A G Shelton
(Address): Hollister, Mo.

15. FILED: 3/6, 1928 — Da Shumate, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-6 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Feby 26, 1928 that I last saw h. alive on Mar 4, 1928 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Asthma
112
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 105
(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) H. Baldwin, M. D.
, 19 (Address) Joplin 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: Cobler Point Ark. — DATE OF BURIAL: 3/7 1928

20. UNDERTAKER: Rothschild — ADDRESS: Branson

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.

THIS IS A PERMANENT RECORD