AUG 22 1928

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

Do not use this space.

23201

File No. 14

Registered No.

1. PLACE OF DEATH
County: Camden
Township: Auglaize
City: (No. St. Ward)
Registration District No. 275
Primary Registration District No. 5170B

2. FULL NAME: Leon 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 31 1928

7. AGE — YEARS: | MONTHS: 1 | DAYS: 15 | 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)
(STATE OR COUNTRY): Camden Co Mo

PARENTS

10. NAME OF FATHER: L Elbert Shelton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Laclede Co Mo
12. MAIDEN NAME OF MOTHER: Manta Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: L Elbert Shelton
(Address): Richland Mo

15. FILED: July 26 1928 W O Pearson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw alive on May 31, 1928, and that death occurred, on the date stated above, at Twenty through m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Over Laid in bed
182 180
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Call & see Bale after death
(Signed) Lewis A Olive, M.D.
July 14, 1928 (Address) Richland 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: Glimm Cemetery — DATE OF BURIAL: July 18 1928

20. UNDERTAKER: Sutton & Trow — ADDRESS: Richland 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.