22 1928

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

Do not use this space.

Greenaway 31047

**1. PLACE OF DEATH**

County Macon — Registration District No. 533 — File No.

Township — Primary Registration District No. 3027 — Registered No. 102

City Macon City (No. ..... St. ..... Ward)

**2. FULL NAME** Nat M. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17, 1851

7. AGE: Years 77 — Months 6 — Days 4 — If LESS than 1 day, ..... hrs. or ..... min.

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) Troy, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Meacon A Shelton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn. Co
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Anna Berger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Chas Shelton
(Address) Macon Mo

15. FILED 10/28 1928 Mrs. Luke Hunkler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-10-, 1928, to 9-21 1928 that I last saw him alive on 9-21, 1928 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Dorsal Spine.

26 (duration) 1 yrs. or more mos. ds.

CONTRIBUTORY (SECONDARY) ..... (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? X-ray

(Signed) P. P. Fronoway M.D.

9/29 1928 (Address) Macon 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: Oakwood Cem. — DATE OF BURIAL: Sept 23 1928

20. UNDERTAKER: Albert Skinner — ADDRESS: Macon 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.