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

Do not use this space.

35233

1. PLACE OF DEATH
County: Franklin — Registration District No.: 294 — File No.: 1
Township: Bourbon — Primary Registration District No.: 54159 — Registered No.: 34
City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Hugh L. Shelton
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 47 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4 1881
7. AGE: 47 YEARS — MONTHS: 7 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri
10. NAME OF FATHER: Geo. W. Shelton Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Martha Havens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
14. INFORMANT: Rettie E. Shelton
(Address)
15. FILED: Oct 26 1928 — Jas. Dunigan, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 21 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1928, to Oct 21, 1928, that I last saw him alive on Oct 21, 1928, and that death occurred, on the date stated above, at 4 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac dilitation and Heart block, sudden
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Myocarditis chronic
..... (duration) 1-2 yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis & Testimony
(Signed) R. P. Royal, M. D.
10-25, 1928 (Address) Bourbon 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: Tea — DATE OF BURIAL: Oct. 23 1928
20. UNDERTAKER: E. E. Long — ADDRESS: .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.