

CT 26 1928

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

Do not use this space.

35258

1. PLACE OF DEATH

County Hentry  
Township Cooper  
City Darlington (No. ....)

Registration District No. 310  
Primary Registration District No. 5-4299

File No. ....  
Registered No. 49 (St. .... Ward)

2. FULL NAME

Samuel Ernest Shelby  
(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21 - 1869

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.  
59 0 11 11

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) (STATE OR COUNTRY) Hentry Co Mo.

10. NAME OF FATHER John Shelby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Melvinester

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT (Address) Elizabeth Shelby  
Darlington

15. FILED 10 9 19 28 Mary Ireland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 9 - 25 - 1928, to 10 - 1 - 1928 that I last saw him alive on 9 - 28 - 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Rectum  
4 1/2 (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Frank H. Rose, M. D.

10-1-, 1928 (Address) Albany, 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 House Cem DATE OF BURIAL Oct. 5 1928  
Darlington Mo. ADDRESS

20. UNDERTAKER Hartman & Son Albany

WHITE 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.

