

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

Do not use this space.

33616

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Third

Primary Registration District No. 1002

City Kansas City

(No. Mersey Hospital)

File No. 4849

Registered No. P 4156

St. _____ Ward _____

2. FULL NAME

Josephine Shelton

(a) Residence. No. 49th Bryant Ford Rd. 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)

Single

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

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

April-26-1920

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. or _____ min.

8

5

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Tibbets

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

George C. Shelton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Ruth E. Anterith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

G. C. Shelton
49th & Bryant Ford Rd.

15.

FILED

19

28

M

M

Mo.

Mo.

Mo.

Mo.

Mo.

Mo.

Mo.

Mo.

Mo.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

October 11 1928

17.

I HEREBY CERTIFY, That I attended deceased from

_____ 1928, to October 11, 1928
that I last saw h. e. v. alive on Oct 11, 1928, and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute bacterial endocarditis

109 B 2

CONTRIBUTORY (SECONDARY)

Rheumatitis

(duration) _____ yrs. _____ mos. 35 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pathological findings

(Signed) E. J. Eldridge, M. D.

10/12, 1928 (Address) 711 Lefferts

*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

DATE OF BURIAL

Tibbets, Mo. Oct 13 1928

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster K.C. Mo.

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.

