

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

Do not use this space.

796

1. PLACE OF DEATH
 County Cooper Registration District No. 219
 Township Bunceton Primary Registration District No. 4132
 City Bunceton (No. _____) St. _____ Ward _____

2. FULL NAME Clara E Shackelford
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 20
 Registered No. 20

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edwin Shackelford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 | | | 4

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) Cooper Co MO
 (STATE OR COUNTRY)

10. NAME OF FATHER John Crawford

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

12. MAIDEN NAME OF MOTHER Mirah Kepler

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

14. INFORMANT Mary Shackelford
 (Address) Bunceton Mo

15. FILED Feb 10 1929 Stallie Poplar
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1928, 19____, to Jan 27th 1929, 19____, that I last saw him alive on Jan 21st 1929, 19____, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Progressive Paralysis

CONTRIBUTORY Progressive Paralysis
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED In Colorado
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) W. H. Elliott, M. D.

, 19 (Address) Bunceton 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 Bunceton Mo DATE OF BURIAL I-24 1929
 19

20. UNDERTAKER L.G. Parker Bunceton MO
 ADDRESS

FEB 21 1929
 27
 3
 235
 1
 2
 2
 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.

