

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

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

Do not use this space.

1504

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 3524 Terrace)

File No. 92
Registered No. 92
St. 5 Ward 5

2. FULL NAME George Madison Shelley

(a) Residence. No. 3524 Terrace St. 5 Ward 5
(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 Julia A. Shelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1847

7. AGE YEARS 81 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

10. NAME OF FATHER James M. Shelley

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

12. MAIDEN NAME OF MOTHER Louisa J. Stubbenfield

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

14. INFORMANT James M. Shelley
(Address) Forest Hill

15. Jan. 8, 1929 M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY That I attended deceased from 1887 to 1929, and that I last saw him alive on 1929, and that death occurred, on the date stated above, at 1929.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intercranial hemorrhage
fall striking head
on side walk (Accidental)
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) fall striking head
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1887
IF NOT AT PLACE OF DEATH, DATE OF 1887
DID AN OPERATION PRECEDE DEATH? No DATE OF 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection
(Signed) James M. Brown, M. D.
1/5, 1929 (Address) Deputy Coroner

*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 Forest Hill DATE OF BURIAL 1/8/29

20. UNDERTAKER R.V. LINDSEY & SONS ADDRESS Kans CITY Mo

