

JAN 20 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1942

1. PLACE OF DEATH

County Jackson
 Township Blue Prairie
 City Little Blue Mo (No. 807 Brooklyn)

Registration District No. BrooklynPrimary Registration District No. 555 P.D.

File No. 4
 Registered No. 4
 St. Ward

2. FULL NAME

(a) Residence. No. Jackson Smith Home Ward. 6
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. da. How long in U.S., if of foreign birth? 1 yrs. 6 mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

widowed6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7 1864

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

8. OCCUPATION OF DECEASED

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

Housewife

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

Unknown Tenn.

10. NAME OF FATHER

Dick Shelly

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

Unknown Tenn.

12. MAIDEN NAME OF MOTHER

Annie Elitto

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

Unknown Ky.

14. INFORMANT

(Address)

Mr. James Epps
1015 Euclid Ave

15. FILED

JAN 29 1929

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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8, 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 1, 1928 to Jan 8, 1929
 that I last saw him alive on Jan 8, 1929, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous
respiration
arteriosclerosis
hypertension

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF yes

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical - Laboratory

(Signed)

, 19 (Address) L. W. Brooks, M.D.
2128 - Vine St

*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

Blue Ridge Lawn Cem1-11-1929

20. UNDERTAKER

ADDRESS

Wheeler + BrewsterK.C., Mo.

