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

Do not use this space. 13743

MAR 23 1929

1. PLACE OF DEATH
County Atchinson — Registration District No. 22 — File No.
Township Lincoln — Primary Registration District No. 5031 — Registered No. 7
City (No. St. Ward)

2. FULL NAME Decatur Sheldon
(a) Residence. No. 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: 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: Sarah Sheldon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	1	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 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) North Carolina

PARENTS
10. NAME OF FATHER James Sheldon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Sarah Hensly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Robert Sheldon
(Address) Westboro, Missouri.

15. FILED Apr 23, 1929 — G W Scott, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Apr 22, 1929, that I last saw him alive on March 15, 1929, and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Angina Pectoris
97 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 89 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C M Vaughn, M. D
Apr 22, 1929 (Address) Tarkio 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: Center Grove — DATE OF BURIAL: April, 29 1929

20. UNDERTAKER: Scott Tucker — ADDRESS: Westboro, Missouri.

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.