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

Do not use this space.

42655

1. PLACE OF DEATH

County ..... Registration District No. 781 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12437

City St Louis (No. St Lukes Hos. ..... St. ..... Ward)

2. FULL NAME William Frank Shelton Jr

(a) Residence. No. Kennett, Mo. St., 12 Ward. Kennett Mo
(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.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	0	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Banker 53 131
(b) General nature of industry, business, or establishment in which employed (or employer) — 132
(c) Name of employer

131

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

PARENTS

10. NAME OF FATHER Joseph Shelton

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

12. MAIDEN NAME OF MOTHER Mary Hampton

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

14. INFORMANT Lee Shelton
(Address) Kennett Mo

15. FILED DEC 22 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1929, to Dec 22, 1929, that I last saw him alive on Dec 21, 1929, and that death occurred, on the date stated above, at 5 00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Myeloma
Malignant Primary seat unknown
49 (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Uraemia + Nephritis
Chronic (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 25-29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem

(Signed) J W Thompson, M. D.

Dec 22, 1929 (Address) 3701 Westminster

*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
Kennett Mo.	12-22-1929
20. UNDERTAKER	**ADDRESS**
Wagener	3621 Olive

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.