

JUN 24 1930

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

Do not use this space.

15296

1. PLACE OF DEATH

County Wollinger
Township Liberty
City (No.)

Registration District No. 07
Primary Registration District No. 5704

File No.
Registered No. 13
St. Ward

2. FULL NAME

Raymond Adams Shell

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) u

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray H. Shell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 5 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Mechanic
(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) mo

10. NAME OF FATHER Perry Shell

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

12. MAIDEN NAME OF MOTHER Berta Abernathy

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

14. INFORMANT Amanda Shell
(Address) Hahn mo

15. FILED May 29, 1930 C. A. Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930, to May 28, 1930, that I last saw him alive on May 26, 1930, and that death occurred, on the date stated above at 2:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2.3A
(duration) yrs. mos. 28 ds.

CONTRIBUTOR (SECONDARY) improper use of my knowledge
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis, mo.
IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. T. Kestepatrick, M. D.

, 19 (Address) Palma 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 My Brook Cemetery DATE OF BURIAL 5-29, 1930

20. UNDERTAKER G. F. Baker ADDRESS Lutesville Mo

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.

