

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

Do not use this space.

18094

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....)

Registration District No. **791**
Primary Registration District No. **1003**
3510 A Cagans av

File No.....
Registered No. **5252**
St. Ward)

2. FULL NAME

Leslie J. Shelton

(a) Residence. No. **3510 A Cagans av** St. **21** 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 <i>Male</i> | 4. COLOR OR RACE <i>Cal</i> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i> |
|-----------------------|--------------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Marie J. Shelton*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb-4-1891*

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <i>39</i> | <i>3</i> | <i>21</i> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Chuffman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Dr. C. J. Needel*
(c) Name of employer

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

PARENTS

10. NAME OF FATHER *Abner Shelton*

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

12. MAIDEN NAME OF MOTHER *Marie Sheno*

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

14. INFORMANT *Marie Shelton*
(Address) *3510 A Cagans av*

15. FILED *MAY 29 1930* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/25* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *April 13th*, 19*30*, to *May 25th*, 19*30*, that I last saw *h. a. r. e.* alive on *May 25th*, 19*30*, and that death occurred, on the date stated above, at *7:15 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the lungs
23A

CONTRIBUTORY (SECONDARY) *21*
(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? *T. bacilli in sputum*
(Signed) *Charles F. Vileau*, M. D.
, 19... (Address) *3811 Olive Street*

*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 *Greenwood Cem.* DATE OF BURIAL *5/29* 19*30*

20. UNDERTAKER *Richardson - Tyler* ADDRESS *1020 Brookly - St*

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.

