

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

Do not use this space.

18908

1. PLACE OF DEATH
County Chariton Registration District No. 169
Township Brunswick Primary Registration District No. 4098
City Brunswick (No.) St. Ward)

2. FULL NAME James Thomas Shackelford
(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.

File No.
Registered No. 14
St. Ward)

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 Mrs. J. T. Shackelford
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 8 - 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
87 5 15
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)

9. BIRTHPLACE (CITY OR TOWN) Benton Co
(STATE OR COUNTRY) Mo -
PARENTS
10. NAME OF FATHER Wm. C. Shackelford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Kennedy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Miss Susie Attebury
(Address) Brunswick Mo
15. FILED 4/24 1931 N. E. Patrum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930
17. I HEREBY CERTIFY That I attended deceased from May 8 - 30 to June 23, 1930 that he/she was alive on May 8, 1930, and that death occurred, on the date stated above, at 2:30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic parenchy-
matous nephritis
131
89 (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) of Artero-sclerosis
(duration) 10 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED 16907
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harry E. Statum, M.D.
, 19 (Address) Brunswick 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 Pratt Chapel Church
Brunswick Mo DATE OF BURIAL June 25 1930
20. UNDERTAKER L. H. Haisel Brunswick
ADDRESS

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.

WRITE PLAINLY, WITH UNBOLDING HANDS

Handwritten text in the upper right corner, including the characters "社" (Shi) and "二" (Er), likely indicating a company or page number.