

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

40396

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Polk  
Township South Benton  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 705  
Primary Registration District No. 5734

2. FULL NAME Frank Marshall Shackleton

(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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily J. Shackleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1858

7. AGE 71 YEARS MONTHS 4 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER Hamilton Shackleton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Eliza W. Marsh  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

14. INFORMANT Floyd Shackleton  
(Address) Lawrence, Mo.

15. FILED Jan 1, 1931 W. W. Glover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930  
I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to Dec 30, 1930, that I last saw him alive on Dec 30, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Appendicitis 121B  
111B  
111B  
(duration) yrs. mos. 8 ds.  
CONTRIBUTORY Pulmonary Congestio  
(SECONDARY) (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

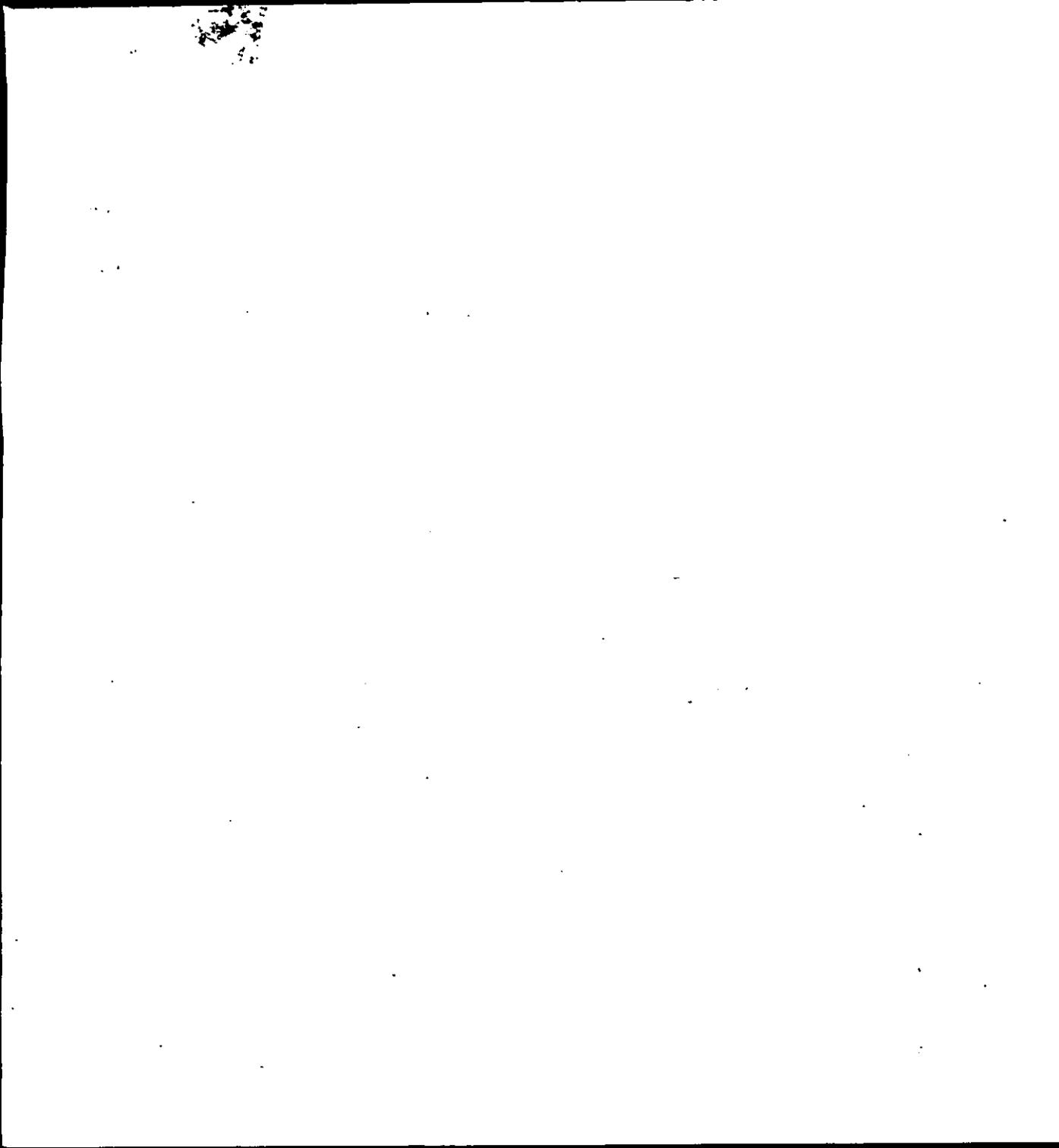
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) D. E. Hammond, M. D.  
Dec 30 1930 (Address) Bolivar, Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cherokee burial DATE OF BURIAL Jan 1 1931  
20. UNDERTAKER Whitehead Co ADDRESS Bolivar Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1931

72-8-9



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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH.  
 County Polk Registration District No. 705 File No. ....  
 Township South Benton Primary Registration District No. 5934 Registered No. 13  
 City ..... (No. ....) St. .... Ward)

2. FULL NAME Francis Marsh Shackleton  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
X 72 X 4 X 9

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

10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER .....

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930

17. I HEREBY CERTIFY, That I attended deceased from .....  
 to ..... 19.....  
 that I last saw h..... alive on ..... 19....., and that  
 death occurred, on the date stated above, at..... m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
 .....  
 ..... (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) .....  
 ..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATHY..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)....., M. D.  
 , 19 (Address)

\*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.

14. INFORMANT .....  
 (Address) .....

15. FILED Jan 1 1931 M. G. [Signature]  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL .....  
 19.....

20. UNDERTAKER ..... ADDRESS .....

SUPPLEMENTARY

S-40396