

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

Do not use this space.

1507

1. PLACE OF DEATH

County Jackson Registration District No. B02
Township R.C. Raw Primary Registration District No. 112
City R.C. (No. Mercy Hospital) St. _____ Ward _____

File No. _____
Registered No. 330
St. _____ Ward _____

2. FULL NAME

Mary Alice Shackelford
(a) Residence No. 1332 S. Pleasant St. 1 Ward. Independence 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 22 - 1930</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>8</u>	<u>1</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) - Indep. Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Andrew J. Shackelford</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Warrensburg Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Irene Shout</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Lee Summit Mo.</u> (STATE OR COUNTRY)

14. INFORMANT Father Andrew J. Shackelford
(Address) Indep. Mo.

15. FILED 1-23-31 M. M. Brown
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 1931

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/23 1931
17. I HEREBY CERTIFY, That I attended deceased from 1/31/31, 1931, to 1/23/31, 1931, that I last saw him alive on 1/23/31, 1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
107A
89A

CONTRIBUTORY Bilat. Purulent Otitis Media (duration) yrs. mos. 21 ds.
(SECONDARY) (duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED? at home
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Wan-Hab
(Signed) W. M. Howard M. D.

1/23 1931 (Address) Mercy Hosp
*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 Blue Springs, Mo. DATE OF BURIAL 1/23 1931

20. UNDERTAKER J. W. Stanley Blue Springs Mo ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

