

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

Do not use this space.

26 1931

2299

1. PLACE OF DEATH
 County Sedaway Registration District No. 628
 Township Green Primary Registration District No. 0830
 City Sedaway (No.) St. Ward

2. FULL NAME Salomon H 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 - 1847

7. AGE YEARS 82 MONTHS 06 DAYS 12 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Platt Co Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Salomon Shell

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Barnie Shell
 (Address) Maryville Mo

15. FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1931

17. I HEREBY CERTIFY, That I attended deceased from to , 1931, that I last saw alive on Jan 24, 1931, and that death occurred, on the date stated above, at P.A M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic poison
132A
132B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) reflexive (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lab - Suptor
 (Signed) M. D.
 , 19 (Address) Maryville 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 Cain Cemetery DATE OF BURIAL Jan 30 1931

20. UNDERTAKER Pries Firm Co ADDRESS Maryville Mo

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.

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