

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14905

1. PLACE OF DEATH

County Marion
Township Dry Creek
City (No.) St. Ward

Registration District No. 10 22
Primary Registration District No. 5732

File No. 56
Registered No. 4
St. Ward

2. FULL NAME

Thomas Joseph Shelton

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Shelton - Edith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-28-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 10 28

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) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Shelton

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

12. MAIDEN NAME OF MOTHER Catherine Eddington

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

14. INFORMANT Edith G. Shelton
(Address) Dixon mo

15. FILED 4-24-31 J. W. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21-31 19 31

17. I HEREBY CERTIFY, That I attended deceased from 4-16-31, 19 31, to 4-21-31, 19 31, that I last saw him alive on 4-20-31, 19 31, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Labor Pneumonia
HA

108 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) influenza
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

IF OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
Signed) W. J. Brider, M. D.
, 19 (Address) Dixon, 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 DATE OF BURIAL
Fairview Cemetery 4/23 1931

20. UNDERTAKER ADDRESS
Fred W. Gilbert Dixon mo

