

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

Do not use this space.

20445

1. PLACE OF DEATH

County Madison Registration District No. 24
Township Salt River Primary Registration District No. 3002
City Mexico (No. Anderson Hospital) St. _____ Ward _____

File No. _____
Registered No. 69 70
St. _____ Ward _____

2. FULL NAME

Lee Shackelford
(a) Residence. No. Americus Mo 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) 24
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Big Spring, Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER J. P. Shackelford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warren, Mo.
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Amanda Guymore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles, Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. Nan Lee Thompson
(Address) Americus, Mo.

15. FILED June 5th 1931 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 1931
17. I HEREBY CERTIFY that I attended deceased from May 16, 1931 to June 3, 1931 that I last saw him alive on June 3, 1931, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach
46B
118B (duration) _____ yrs. _____ mos. _____ ds.
Gastroenterostomy
(SECONDARY) (duration) _____ yrs. _____ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED? _____
IF NOT AT PLACE OF DEATH Americus, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF May 21, 1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operative & Clinical
(Signed) Frank Kelley M. D.
3, 1931 (Address) Mexico, 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 Heiride Cemetery DATE OF BURIAL 5 1931
UNDERTAKER Dartan Baker ADDRESS Americus, 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.

JUL 22 1931

