

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

Do not use this space.

21023

1. PLACE OF DEATH

County Douglas
Township Wall
City _____ (No. _____ St. _____ Ward)

Registration District No. 1071
Primary Registration District No. 5398

File No. _____
Registered No. 8

2. FULL NAME

John M. Shelton
(a) Residence No. Near Girdner, 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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Est. 73

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) Own Farm
(c) Name of employer None

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

10. NAME OF FATHER Andrew J. Shelton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn. 2
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jimmie Capps

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

14. INFORMANT J. A. Spurlock
(Address) Ava

15. FILED 7/3, 1931 E. G. Warden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-20 1931

17. I HEREBY CERTIFY, That I attended deceased from June 18 ONLY, 1931, to _____, 19____, that I last saw him alive on June 15, 1931, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lacunar Apoplexy
to
(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH _____

O DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Phys. Ex.
(Signed) J. A. Spurlock M. D.
, 19 31 (Address) Ava 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 White Creek Cemetery DATE OF BURIAL 6/21 1931

20. UNDERTAKER Neighbors Girdner, 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.

JUL 24 1931

