

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

Do not use this space.

21538

1. PLACE OF DEATH

County Jackson Registration District No. 329
Township New Primary Registration District No. 1002 File No. 2073
City Kansas City (No. St. Mary's Hospital St. 2073 Ward)

2. FULL NAME

John A. Shelton
(a) Residence No. 9863 Menner Road - Indep - 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner Drug Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9th Brighton
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri

13. NAME John J. Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Indiana

15. MAIDEN NAME Mary E. Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proy Kansas

17. INFORMANT (ADDRESS) Mrs. Mary E. Shelton
9863 Menner Road - Indep - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE June 30, 1931

19. UNDERTAKER (ADDRESS) D. H. Newcomer's Sons
Kansas City, Missouri

20. FILED 6-18-31 M. M. Croove
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1931

22. I HEREBY CERTIFY that I attended deceased from June 9, 1931, to June 17, 1931.
I last saw him alive on June 9, 1931. Death is said

to have occurred on the date stated above, at 12:00 P.M.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction (partine)
120122B
69B
Other contributory causes of importance:
poison

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. J. Bennett, M. D.
(Address) 2701 Forest

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.

1125 Rialto Bldg

12:30 - 3 -