

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

Do not use this space.

22111

1. PLACE OF DEATH

17 County *Marion Co.*
2 Township *Palmyra*
2 City *Palmyra* (No.)

Registration District No. *5-48*
Primary Registration District No. *4328*

File No.
Registered No. *30*
St. Ward)

2. FULL NAME

Elizabeth Shelton

(a) Residence. No. St. Ward.
(Usual place of abode)
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 *female* | 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 *Ira Shelton*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Exact not known*

7. AGE. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 80 | — | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Marion Co.* (STATE OR COUNTRY)

10. NAME OF FATHER *Robt. Sandifer*

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

12. MAIDEN NAME OF MOTHER *Elizabeth Williams*

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

14. INFORMANT *Miss Tom Schindler* (Address) *Palmyra Mo*

15. FILED *June 12 1931* *S. Sanford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 8th 1931*

17. I HEREBY CERTIFY, That I attended deceased from *May 25th 1931* to *June 8th 1931*, that I last saw her alive on *June 8th 1931*, and that death occurred, on the date stated above, at *5:00 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C 93
CONTRIBUTORY (SECONDARY) *93C 93*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. *don't know*

DID AN OPERATION PRECEDE DEATH. *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS. *Clinical*
(Signed) *H. C. O'neal*, M. D.
6/9, 1931 (Address) *Palmyra 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

C Eugene T. Sprague *June 10 1931*
20. UNDERTAKER ADDRESS
Hummel *Palmyra Mo*

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.

25 1931

