

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

Do not use this space.

31402

File No. _____
Registered No. 3899
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 309
Township Law Primary Registration District No. 1000
City Waverly (No. Waverly Hospital)

2. FULL NAME

(a) Residence, No. Grandview 200 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unt known</u>		
7. AGE	YEARS	MONTHS
<u>about 76</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>School Teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Sept 21, 1931

I last saw him alive on September 21, 1931. Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

M. G. cardiac, acute
92 P
84
Hypostatic Congestion
slow starvation from
mental psychosis

Other contributory causes of importance:

Date of onset 3 dn
1 yr

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

13. NAME G. M. Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Mark Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) G. M. Shelton
Grandview 200

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly DATE 9-23 1931

19. UNDERTAKER (ADDRESS) E. J. Hengeman
Waverly 200

20. FILED 9-21- 1931 M. M. Grove Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. F. Kelley, M. D.
(Address) Grandview 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.

RECORD WITH CONTINUING NUMBER—THIS IS A PERMANENT RECORD

