

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

Do not use this space.

40798

1. PLACE OF DEATH

County Jackson
Township Belle
City Independence (No. 1)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 401 Ward _____

2. FULL NAME

Nellie Sheldon

(a) Residence, No. 10307 Kentucky 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 Female 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) July 1 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union

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) South Dakota

13. NAME Nellie O. Sheldon

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

15. MAIDEN NAME Maud M. Fisher

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

17. INFORMANT Miss Ora B. Sheldon (ADDRESS) 10307 Kentucky Ave. Indep.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Wash. DC DATE Dec 8 1931

19. UNDERTAKER Mrs. G. L. Forster (ADDRESS) 718 Brooklyn Avenue

20. FILED Dec 7, 1931 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 5 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1931, to 12/5, 1931

I last saw him alive on 12/5, 1931. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Paralytic Pleur
Infarction Obstruction

1222

Other contributory causes of importance:
Adhesion Bands on descending colon

Name of operation colon removed Date of _____

What test confirmed diagnosis? X-Ray 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? _____

If so, specify _____

(Signed) W. H. H. H., M. D.

(Address) 10307 Kentucky Ave. KCMO

