

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

Do not use this space.

666

**1. PLACE OF DEATH**

County Quincy  
Township Cotton Hill  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 289  
Primary Registration District No. 5407

File No. \_\_\_\_\_  
Registered No. 80  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Herschel Shelton Jr.

(a) Residence No. \_\_\_\_\_ 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. mos. 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 4 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Inspector 89A  
(b) General nature of industry, business, or establishment in which employed (or employer) 19A  
(c) Name of employer 104A

9. BIRTHPLACE (CITY OR TOWN) Mount Carmel, Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Herschel Shelton Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Luxio, Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Gladis Ina Mae Mudd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crestview, Ill.  
(STATE OR COUNTRY)

14. INFORMANT Herschel Shelton  
(Address) Malvern Mo

15. FILED 1/9 1932  Homer Beal (M.D.)  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/9/32 1932

17. I HEREBY CERTIFY, That I attended deceased from 1/7, 1932, to 1/9/32, 1932, that I last saw him alive on 1/7, 1932, and that death occurred, on the date stated above, at 12:5 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Meningitis from otitis media  
Complicating upper respiratory infection  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) upper respiratory infection  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Homer Beal, M. D.

1/9, 1932 (Address) Malvern 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

Bethany Grove yard 1/9 1932

20. UNDERTAKER no ADDRESS Malvern Mo  
Just neighbors

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.

FEB 23 1932

