

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **3**

City St. Louis (No. 1919, North Taylor)

File No. **2440**  
Registered No. **105** (Ward)

**2. FULL NAME**

(a) Residence, No. 1116 1/2 Hall St. 11 Ward. St. Charles 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 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 Curtis A. Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1884

7. AGE YEARS 47 MONTHS 5 DAYS 18 IF LESS than 1 day, ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Danversville Mo

13. NAME Henry C. James

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

15. MAIDEN NAME Mary Coveland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville Mo

17. INFORMANT (ADDRESS) Curtis A. Shelton  
St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo DATE Jan 5 1932

19. UNDERTAKER (ADDRESS) H. C. Sallenger & Sons Co  
800 N. 2nd St. St. Charles Mo

20. FILED Jan 12 1932 W. C. Taylor Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 8 1930, to Jan 3 1932

I last saw her alive on Jan 3 1932 Death is said

to have occurred on the date stated above, at 2:10 P. m.

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

Sarcoma of left right shoulder with pulmonary metastases

Other contributory causes of importance: Pelvic metastases

Name of operation apr 9, 30 excision Date.....

What test confirmed diagnosis? lab 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) Harry W. Moore, M. D.

(Address) 402 Wall Bldg

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.

