

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

Do not use this space.

6424

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **1463**
City *St Louis* (No. *3969 Lafayette Ave*) St. Ward)

2. FULL NAME

Rena Crow Shackelford
(a) Residence, No. *3969 Lafayette* St., *17* Ward. (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 <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Geo. W. Shackelford</i> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 6 1871</i> | | | |
| 7. AGE YEARS <i>60</i> | MONTHS <i>10</i> | DAYS <i>6</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home</i> | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i> | | |
| | 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) <i>Kentucky</i> | | | |
| FATHER | 13. NAME <i>Lumphey Brooks</i> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i> | | |
| MOTHER | 15. MAIDEN NAME <i>Fannie Davidson</i> | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i> | | |
| 17. INFORMANT (ADDRESS) <i>George W. Shackelford 3969 Lafayette Ave</i> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla Cem</i> DATE <i>Jul 15 1932</i> | | | |
| 19. UNDERTAKER (ADDRESS) <i>Drehermann Funeral 705 Union 1932</i> | | | |
| 20. FILED <i>EE 15 1932</i> Registrar. | | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 12 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 1 1932* to *Feb 12 1932*
I last saw h. *alive on Feb 12 1932* Death is said to have occurred on the date stated above, at *8:30 p.m.*
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
131
75c
131
Other contributory causes of importance:
nephritis, etc. inf.

Name of operation..... Date of.....
What test confirmed diagnosis? *Myocard* 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..... *(D)*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *Geo. W. Shackelford*, M. D.
(Address) *3903 Olive*

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.

3905 Hall Blvd.
-1-4-22