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.

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

Do not use this space.

16241

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2034

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Leeds T.B. Hospital St. Ward)

2. FULL NAME Thomas M. Shelton

(a) Residence, No. 1301 Ewing St., 1st Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berell Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-19-1900

7. AGE YEARS 31 MONTHS 11 (29) DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Joe Shelton

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

MOTHER

15. MAIDEN NAME Mary Stephens

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

17. INFORMANT Riley Shelton (ADDRESS) 1301 Ewing

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE 5-21- 1932

19. UNDERTAKER Mrs C L Forster (ADDRESS) Kansas City Mo

20. FILED May 20, 1932 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1929, to May 18-32

I last saw him alive on May 18, 1932. Death is said to have occurred on the date stated above, at 8 p.m.

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

	Date of onset
Pulmonary Tuberculosis	4 yrs
Tuberculosis of Intestine	1 yr
2	
2	

Other contributory causes of importance: 2 (1)

Name of operation None 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? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Buckingham M.D.

(Address) Kansas City Mo.

Dr Buckingham
Prof. - Biog.
4-5 Km.