

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.

OCT 25 1932

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

Do not use this space.

28994

1. PLACE OF DEATH  
39 County Greene Registration District No. 318  
3 Township Springfield Primary Registration District No. 2001  
5 City Springfield (No. 2125 N. Lyon Ave) Registered No. 637  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henrietta Shelley  
(a) Residence, No. 2125 N. Lyon Ave 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank J. Shelley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 27-1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>
	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) <u>Mo. 1</u>	
MOTHER FATHER	13. NAME <u>James Woolsey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. 2</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Frank J. Shelley</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Hagshwood Cemetery</u> DATE <u>Sep 13, 1932</u>		
19. UNDERTAKER <u>J. H. Stinger &amp; Co.</u> (ADDRESS) <u>Springfield Mo.</u>		
20. FILED <u>9-13-1932</u> <u>Edphur Langston</u> Registrar.		

## 2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sep. 2, 1932 to Sep. 12, 1932  
I last saw him alive on Sep 11, 1932. Death is said to have occurred on the date stated above, at 10:10 AM.  
The principal cause of death and related causes of importance were as follows:  
Senile Dementia  
Probably of months  
standing  
history  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Endoarteriosclerosis  
Probably of some time  
standing

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 19\_\_\_\_  
Where did injury occur? X (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) M. Brown, M. D.  
(Address) Springfield, Mo.

