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

Do not use this space.

31130

1. PLACE OF DEATH
99 County Scotland — Registration District No. 810 — File No.
2 Township N. Jeff — Primary Registration District No. 4488 — Registered No. 36
2 City Memphis (No. ..... St. ..... Ward)

2. FULL NAME George W. Shacklett

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 30 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carrie A. Shacklett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 28. 1858

7. AGE: 74 YEARS — MONTHS: 5 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer): and Salesman for insurance
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland County, Mo

PARENTS
10. NAME OF FATHER: Eli Shacklett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Mary Wisehart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Olin Shacklett
(Address) Ottumwa, Ia

15. FILED OCT 21 1932, 19 — C. C. Parrish, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1931, to Sept 25, 1932, that I last saw him alive on Sept 25, 1932 and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular heart disease
92A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Over work (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 92A (1)
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. C. Parrish, M. D.
, 19 (Address) Memphis, 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: Memphis cemetery — DATE OF BURIAL: 9/27/1932

20. UNDERTAKER: W. H. Payne & Sons — ADDRESS: Memphis