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.

File No. 38936

Registered No. 100

1933

1. PLACE OF DEATH

County: Clay — Registration District No. 198

Township: Fishing River — Primary Registration District No. 3011

City: Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME: Merriman Shelton

(a) Residence, No. 220 Foley St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary J. Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8-1853

7. AGE: Years 79 — Months 7 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Ray Co. Mo.

FATHER

13. NAME: Ruben Shelton

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

MOTHER

15. MAIDEN NAME: Witherington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mary J. Shelton, Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Fairview DATE 12-5 1932

19. UNDERTAKER (ADDRESS): Herbert Hope, Excelsior Springs.

20. FILED 12/5 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 4, 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov 29, 1932 to Nov 4, 1932

I last saw him alive on Dec 3, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Angina Pectoris	12/9/32
Chronic Myocarditis	
Senile Arteriosclerosis	

Other contributory causes of importance: General Arteriosclerosis

Name of operation: none — 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? — 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) G. D. Craven, M. D.

(Address) Excelsior Springs, Mo.