

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

Do not use this space.

40683

1. PLACE OF DEATH

66 County Miller
2 Township Savage
4 City Eldon (No. _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 65 St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Susan E Shackleford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1859

7. AGE YEARS 73 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Miller Co Mo

MOTHER 13. NAME William Shackleford

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

FATHER 15. MAIDEN NAME Susan J Anderson

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

17. INFORMANT Mrs Susan E Shackleford (ADDRESS) Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pleasant Cem DATE 12-10 1932

19. UNDERTAKER W A Phillips (ADDRESS) Eldon Mo

20. FILED 12-10, 1932 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932 to 12-9, 1932
I last saw him alive on 12-9, 1932 Death is said to have occurred on the date stated above, at 2:30 P.m.

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

Cerebral Hemorrhage

arteriosclerosis of cerebral arteries

Other contributory causes of importance:

arteriosclerosis of cerebral arteries

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) E. B. Shelton, M. D.
(Address) Eldon Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

