

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

Do not use this space.

2155

1. PLACE OF DEATH

553 County Quincy Registration District No. 468
 Townsh. West Prairie Primary Registration District No. 5629
 City Acacia (No. RFD#2) St. _____ Ward _____

File No. _____
 Registered No. 9
 St. _____ Ward _____

2. FULL NAME Jesse Valentine Shackelford

(a) Residence, No. RFD#2 - Acacia Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. M. Shackelford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1895
 7. AGE YEARS 37 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife - 111
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 9.5

12. BIRTHPLACE (CITY OR TOWN) Windsor (STATE OR COUNTRY) York
 13. NAME J. A. Cook
 14. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY) _____
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____
 17. INFORMANT J. M. Shackelford (ADDRESS) Acacia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Co. DATE 1/13 1938
 19. UNDERTAKER King Funeral Home (ADDRESS) Acacia Mo.
 20. FILED 1-25, 1933 Laura O. Connolly Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1933
 22. I HEREBY CERTIFY That I attended deceased from 1-3, 1933 to 1-21, 1933
 I last saw her alive on 1-21, 1933. Death is said to have occurred on the date stated above, at 5:25 am.
 The principal cause of death and related causes of importance were as follows:
myocardia - fallawae Date of onset _____
by broncho-pneumonia
 Other contributory causes of importance: 110
Acute Cardiac Deletion
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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? _____ (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) W. G. Adams M. D.
 (Address) Acacia Mo.

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.

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