

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

Do not use this space.

5663

1. PLACE OF DEATH

39 County Lucerne Registration District No. 318
 3 Township Sampled Primary Registration District No. 2001
 5 City Springfield Mo 605 W Pine

File No.
 Registered No. 172
 St. Ward)

2. FULL NAME

(a) Residence, No. 605 W Pine St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Deol. Shelburn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1900
 7. AGE YEARS 32 MONTHS 8 DAYS 0 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) MO
 13. NAME Harrison Shelburn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 15. MAIDEN NAME Thelma Kelly
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
 17. INFORMANT (ADDRESS) 605 W. Pine
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. James DATE Feb 5 1933
 19. UNDERTAKER (ADDRESS) 29 W. Walnut
 20. FILED 2-4-33 Ralph W. Sargent Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1933
 22. I HEREBY CERTIFY, That I attended deceased from January 19 1933 to Feb 2 1933
 I last saw him/her on Feb 2 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Chl Myocarditis
115A Toxemia
93C
122A 115A
 Other contributory causes of importance:
Venous angina
Delayed embolism
hemium
 Name of operation none Date of Jan 15 1933
 What test confirmed diagnosis? 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?
 If so, specify no
 (Signed) Donel S. Yancey, M. D.
 (Address) 214 N. Jefferson

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 1933

OCCUPATION MOTHER FATHER 2

