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.

MAY 24 1933

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

Do not use this space.

14356

File No.
Registered No.

1. PLACE OF DEATH
County St Louis
Township St Ferdinand
City Ferguson Mo. (No. Route 10, Ferguson Mo. St. Ward)

Registration District No. 784 478
Primary Registration District No. 6130

2. FULL NAME William I. Shackelford

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1929

7. AGE: Years 4 | Months 3 | Days 3 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St Louis Missouri

FATHER
13. NAME Vernon Shackelford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Missouri

MOTHER
15. MAIDEN NAME Myrtle Hand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Missouri

17. INFORMANT (ADDRESS) Mr Vernon Shackelford Ferguson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dixon Mo. DATE May 2, 1933

19. UNDERTAKER (ADDRESS) Geo. L. Fleitsch Inc.

20. FILED 5-8, 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

By Autopsy: Death was due to respiratory embarrassment and pulmonary edema. The cause of this could not be determined in the gross by the autopsy. It is probable that

Date of onset

Other contributory causes of importance:
the alcohol caused the symptoms.
Cause of death undetermined.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

HHB

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

(Signed) Luke B. Hirsch M.D.
(Address) 3118 Jennings Rd. St Louis Co. Mo. 5/1/33