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

Do not use this space.

File No. 33730

Registered No.

1. PLACE OF DEATH
County: Miller
Township: Richwoods
City: (No. , St. Ward)

Registration District No. 562
Primary Registration District No. 5757

2. FULL NAME: James A. 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 39 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 4 1934

N. B.—Every item of information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Anna Shackelford

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 29 - 1894

7. AGE: Years 39 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia, Mo.

PARENTS
10. NAME OF FATHER: John K. Shackelford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iberia Mo.
12. MAIDEN NAME OF MOTHER: Stone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iberia, Mo.

14. INFORMANT: Elmer Tracy
(Address): Fairgrounds Springfield Mo.

15. FILED Nov 10, 1933 Mrs. W. A. Van Greuf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/23 1933

17. I HEREBY CERTIFY, That I attended deceased from 10/15/33 10/23, 1933, to 10/23, 1933, that I last saw h. alive on 10/22, 1933, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency
7 Ds
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G W Duncan, M. D.
10/24, 1933 (Address) Iberia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Iberia, Mo.
DATE OF BURIAL: 10/24 1933

20. UNDERTAKER: Conchon Mell Co.
ADDRESS: Iberia Mo.