

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.

JAN 3 1934

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township Kirkville, Mo.

Primary Registration District No. 3001

City Kirkville, Mo. (No. _____, _____, _____)

St. _____ Ward _____

2. FULL NAME James Shacklett

(a) Residence, No. Gorin, Mo.
(Usual place of abode)

St. _____ Ward _____

(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)

married

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

Lillie Shacklett

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

Febr. 5th 1868

7. AGE

YEARS

65

MONTHS

8

DAYS

29

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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

Farmer

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)

Hardin Co Ky.

FATHER

13. NAME

Richard Shacklett

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

Kentucky

MOTHER

15. MAIDEN NAME

Elizabeth Hayden

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

Kentucky

17. INFORMANT
(ADDRESS)

Mrs. Lillie Shacklett
Gorin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gorin

DATE

Nov. 6, 1933

19. UNDERTAKER
(ADDRESS)

Smith & Baskett
Gorin, Mo.

20. FILED

Nov. 25, 1933 Spencer Freeman
Registrar

1 MEDICAL CERTIFICATE OF DEATH

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

Nov. 4 - 1933

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 26, 1933 Nov. 4, 1933

I last saw him alive on Nov. 4, 1933 Death is said

to have occurred on the date stated above, at 11:50 p.m.

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

cardioma
Prustate

516

Other contributory causes of importance

Name of operation none Date of _____

What test confirmed diagnosis? med 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) T. G. P. G. G. G. M. D.

(Address) Kirkville, Mo.

