

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

Do not use this space.

36872

1. PLACE OF DEATH

County Jasper
Township Shelham
City (No. _____)

Registration District No. 410
Primary Registration District No. 5567

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Angeline Wright Sheldon
(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Sheldon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 1861</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Nov. 3, 1933
I last saw h. alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 8 P m.

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

Valvular disease of heart
920

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) V A Hendricks, M. D.
(Address) Jasper Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Alvin Cooper</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>
	15. MAIDEN NAME <u>Angeline Price</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>
	17. INFORMANT (ADDRESS) <u>Mrs T. O. Killey Michigan Kansas</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cem</u> DATE <u>Nov. 5</u> , 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Tester Bros Jasper Mo</u>	
20. FILED <u>11/10</u> , 19 <u>33</u> <u>Clara Holmes</u> Registrar.	

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.

NOV 10 1933

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