

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

Do not use this space.

File No. **1550**
Registered No.

1. PLACE OF DEATH
 County Gascon Registration District No. 407
 Township Waverly Primary Registration District No. 11241
 City Waverly (No.) St. Ward) (If nonresident, give city or town and State)
2. FULL NAME Joseph Hannah Shelton
 (a) Residence, No. B. Fountain 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
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 Wm. Samuel Shelton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1880
7. AGE YEARS 53 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Waverly Missouri
13. NAME D. M. Bullen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME S. E. Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Wm. S. Shelton
 (ADDRESS) Waverly, Mo.
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Waverly Cem. DATE Jan 19 1934
19. UNDERTAKER Wm. S. Bullen
 (ADDRESS) Waverly, Mo.
20. FILED Jan 20 1934 J. W. Clark
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1934
2. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 17, 1934
 I last saw her alive on Jan 16, 1934 Death is said to have occurred on the date stated above, at 8:45 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Jan 17 1934
 Other contributory causes of importance: Arterio sclerosis
Hypertension
 Name of operation g 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?
 If so, specify Old Denbark
 (Signed) W. S. Bullen, M. D.
 (Address) Waverly Mo

A. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. THIS STATEMENT OF OCCUPATION IS VERY IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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