FEB 27 1934

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

Do not use this space.

2017

1. PLACE OF DEATH

County Nodaway — Registration District No. 618 — File No.

Township Nodaway — Primary Registration District No. 4369 — Registered No.

City Burlington Jct (No. , St. Ward)

2. FULL NAME Carlos Shelton

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M
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: Iva Vance Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 27, 1872

7. AGE: YEARS 61 — MONTHS 0 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Buyer
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) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montevallo Missouri

FATHER

13. NAME: Francis Burdine Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Ill

MOTHER

15. MAIDEN NAME: Mary Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Ill

17. INFORMANT (ADDRESS): Mrs Iva Shelton Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ohio Cemetery DATE Jan 22, 1934

19. UNDERTAKER (ADDRESS): J.R. Hann Burlington Jct. Mo

20. FILED Jan 31, 1934 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1934, to 1/20, 1934
I last saw him alive on 1/20, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Chronic Myocarditis
94A
93C

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) B. F. Byland, M. D.
(Address) Burlington Jct Mo

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.