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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 289 — File No. 4483
Township Cotton Hill — Primary Registration District No. 5407 — Registered No. 9
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Norma Dellamay 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3-1934
7. AGE YEARS MONTHS DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant
11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

FATHER
13. NAME Wm Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

MOTHER
15. MAIDEN NAME Ethel Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolinger Co. Mo.

17. INFORMANT Wm Shelton (ADDRESS) Malden Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stephens DATE 2-27 1934
19. UNDERTAKER W. L. Craig (ADDRESS) Malden Mo
20. FILED 2-26 1934 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Feb 26, 1934
I last saw her alive on Feb 23, 1934. Death is said to have occurred on the date stated above, at 5.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bunchal	2/24/34
Other contributory causes of importance: Measles	2/18/34

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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) Graydon Carlton D.O. M.D.
(Address) Malden