MAY 25 1934

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

Do not use this space.

17750

1. PLACE OF DEATH
County: Pulaski
Township: Fullen
City: ~~Hartsburg~~ (No. ..... St. ..... Ward)

Registration District No. 713
Primary Registration District No. 5942

File No. .....
Registered No. .....

2. FULL NAME: Jessie Mack Shelton

(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: 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: Emma Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 2 - 1862.

7. AGE: Years 72. Months 8 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): 1927
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co Mo

FATHER

13. NAME: George Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Burks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mary Shelton Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Langham DATE: 5-5. 1934

19. UNDERTAKER (ADDRESS): A. B. Lance Richland

20. FILED: 5/8 1934 C. F. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 am m.

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

	Date of onset
Chronic Parenchymatous nephritis	about 1932
131	

Other contributory causes of importance: unknown

Name of operation: none Date of .....

What test confirmed diagnosis? Bedside 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) Everett A. Oliver, M. D.
(Address) Richland, Mo.

Dr Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.