SEP 13 1934

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

Do not use this space.

30239

1. PLACE OF DEATH
County Newton
Township Marion
City Diamond (No. ..... St. ..... Ward)

Registration District No. 615
Primary Registration District No. 5817

File No. .....
Registered No. 20

2. FULL NAME Samuel H 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 30 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: Melissa Sheldon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25 1847

7. AGE: YEARS 86 | MONTHS 8 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Delta New York

FATHER
13. NAME: John Sheldon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Hannah Hawley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Wm Sheldon Diamond Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Diamond Mo DATE 8-25 1934

19. UNDERTAKER (ADDRESS): Big Neosho Mo

20. FILED Aug 25 1934 U. S. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1934, to Aug 23, 1934
I last saw him alive on Aug 21, 1934. Death is said to have occurred on the date stated above, at 8-10 P.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1932

Other contributory causes of importance: none

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
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) R. T. Cheatham, M. D.
(Address) Diamond 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.

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100M-11-24-33