

SEP 15 1934

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

Do not use this space.

31801

## 1. PLACE OF DEATH

114 County Wright Registration District No. 907 906 File No. \_\_\_\_\_  
Township Gashade Primary Registration District No. 6221 Registered No. 28  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

William 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. da. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 2 14

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.

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Missouri

13. NAME William Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Marion Shelton Mansfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dennis Cemetery DATE Aug 2, 1934

19. UNDERTAKER (ADDRESS) F.A. Stiff  
Sisambell

20. FILED Aug 8, 1934 Amos C. Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934, to Aug 1, 1934.  
I last saw him alive on Aug 1, 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:

Chronic Volvular Heart Disease  
92 19  
1928  
92  
Other contributory causes of importance:  
Cerebral Hemorrhage  
Date of onset \_\_\_\_\_

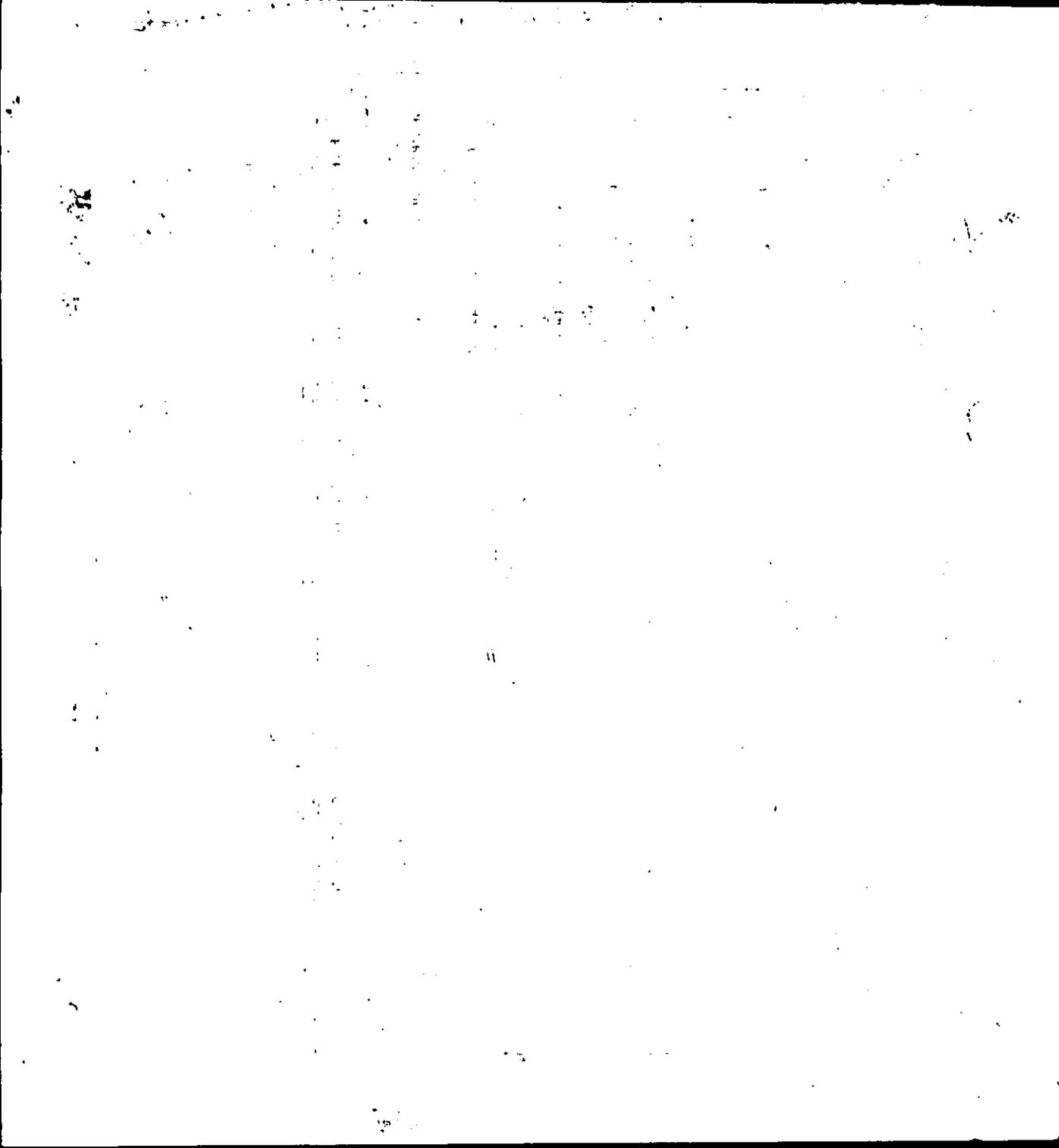
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) W. J. Sumnerman  
(Address) Mansfield Mo

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

Country Wright Registration District No. 906  
 Township Josephine Primary Registration District No. 6221  
 City Wright (No.       ) St.        (Ward)       

File No.         
 Registered No. 39

**2. FULL NAME** William 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 2 14

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.       

10. Date deceased last worked at this occupation (month and year) 932 11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright, Mo.

13. NAME Wm Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings, Mo.

15. MAIDEN NAME May Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright, Mo.

17. INFORMANT (ADDRESS) Marion Shelton, Mansfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Denver, Colo. DATE Aug 2, 1934

19. UNDERTAKER (ADDRESS) F. A. Stuffed, Mansfield, Mo.

20. FILED 12 1934 Carlynd Ellis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to Aug 1, 1934  
 I last saw him alive on Aug 1, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Valvular heart disease Date of onset       

Other contributory causes of importance:  
cerebral hemorrhage

Name of operation        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         
 (Signed) W. A. Zimmerman, M. D.  
 (Address) Mansfield, Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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