

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

Do not use this space.

SEP 14 1934

✓ 31959
File No. 33
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Boone Registration District No. 79
Township Bonham Primary Registration District No. 4047
City Sturgeon (No. _____) St. _____ Ward _____

2. FULL NAME

James Peter 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lucie Shelton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 17

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

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

FATHER
13. NAME Dart Kross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Kross

MOTHER
15. MAIDEN NAME Dart Kross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Kross

17. INFORMANT (ADDRESS) Clyde Shelton
Sturgeon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Sept 11 1934

19. UNDERTAKER (ADDRESS) Barnes & Borland
Sturgeon, Mo

20. FILED 9-10- 1934 E. H. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from 10 July, 1934 to Sept 9, 1934
I last saw deceased alive on Sept 7, 1934. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cardio Vascular Disease Date of onset Jan 7
9542
Other contributory causes of importance: Accident 1919 May 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? NO

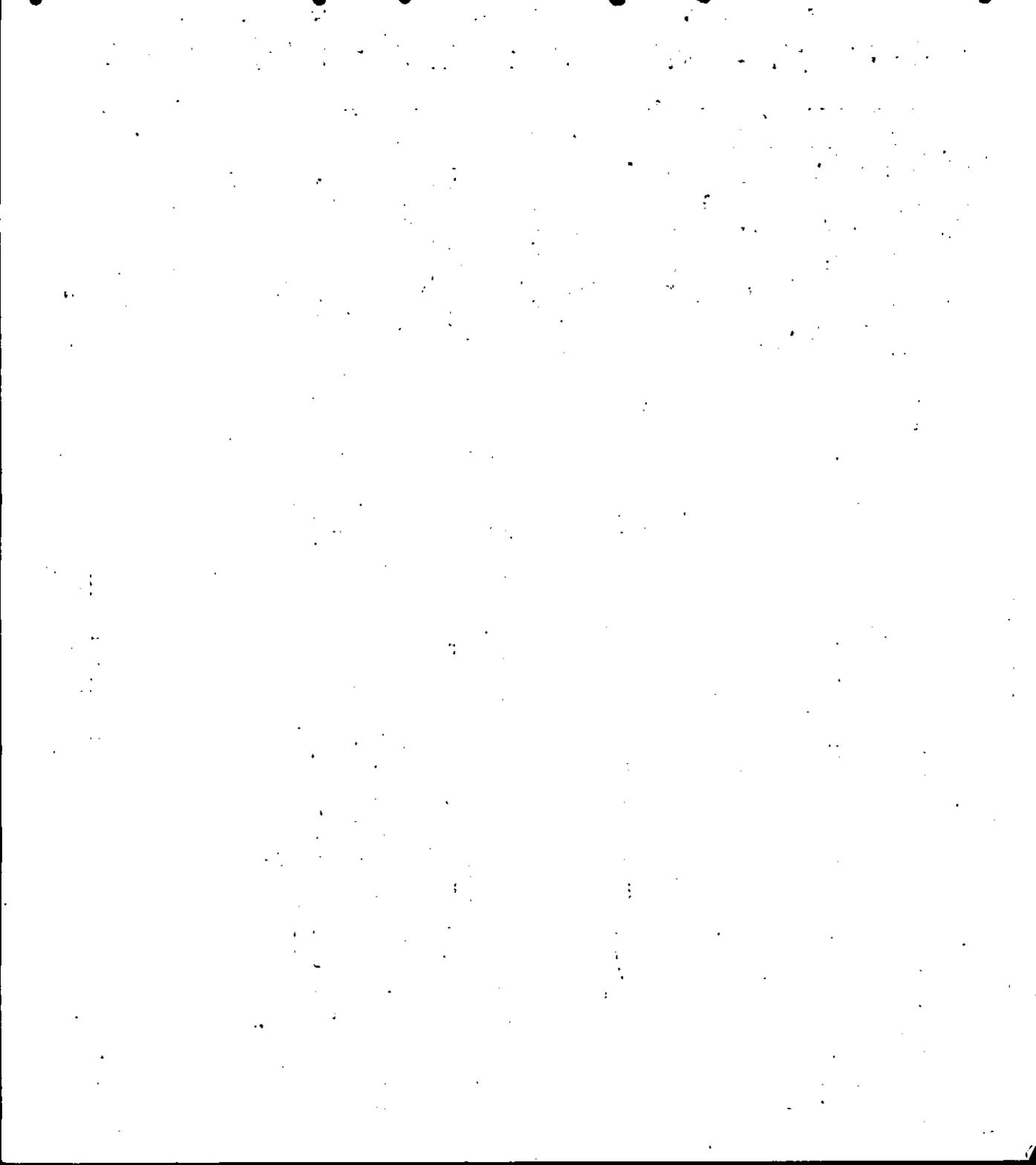
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) W. R. McNeal M. D.
(Address) Sturgeon, 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.



Boone

WASHINGTON

33

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James Peter Shelton
Who died at _____ on Sept 9 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 72 Months 7 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Cardio Renal Disease Month Aug Year Don't Know
Birthplace (State or country) Mo
Birthplace of father (State or country) Don't Know
Birthplace of mother (State or country) Don't Know
Principal cause of death: Hemiplegia - (L) Physical Debility

Other contributory causes of importance 9562
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician D. R. Wickham
Address of physician Sturdivant, Mo.
Signature of Registrar O. E. N. Gentry Date filed 9-10-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 79 Very truly yours,
Primary Reg. Dist. No. 4047 *E. T. McLaugh*
State Registrar
Special Agent.

65612-5