

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

Do not use this space.

1. PLACE OF DEATH

County *Deer* Registration District No. *997*
 Township *Gladden* Primary Registration District No. *6238*
 City *Mo. Neiley Shelton* (No. _____) St. _____ Ward _____

File No. *35647*
 Registered No. *8*

2. FULL NAME

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. B. Shelton*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4 - 1861*

7. AGE YEARS *73* MONTHS *3* DAYS *19* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

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) since spent in this occupation *Marriage*

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

13. NAME *George Jones*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Greedy Shelton Gladden Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cage home yard* DATE *Oct 24 1934*

19. UNDERTAKER (ADDRESS) *H. D. Shelton*

20. FILED *Nov 10 1934* *F. M. Jadin* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Oct 2 1934*, to *Oct 23 1934*

I last saw her alive on *Oct 18 1934* Death is said to have occurred on the date stated above, at *3 P. M.*

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

Coronary atherosclerosis
Intestinal
Calculus
 Date of onset *1933*

Name of operation *none* Date of _____
 What test confirmed diagnosis? *Autopsy* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* 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 *none*
 Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____ (Signed) *A. J. Dillmore* M. D.
 (Address) *Saline 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.

WHITE PLAIN; WITH CERTAINING INFORMATION IS A PERMANENT RECORD

