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

Do not use this space.

1. PLACE OF DEATH

County Bucanhan — Registration District No. 85 — File No. 38592

Township — Primary Registration District No. 1001 — Registered No. 1269

City St Joseph Mo (No. State Hospital No.2. St. Ward)

2. FULL NAME Frank Shelby

(a) Residence, No. St Joseph Mo State Hospital No.2. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 8 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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1860

7. AGE: YEARS 74 — MONTHS — DAYS Unknown — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate State Hosp.

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 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Ohio

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Unknown

17. INFORMANT (ADDRESS): Hosp. Records State Hosp #2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL: State Hospital #2

PLACE St. Joseph Mo. DATE Nov 19 1934

19. UNDERTAKER (ADDRESS): H.O. Sidenfaden. 1802 Union St. St. Joseph Mo.

20. FILED 11-19, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1932, 1932, to Nov 17, 1934

I last saw him alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 5 30 P.m.

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

Chronic myocarditis — Date of onset: Indefinite

93C

93C

Other contributory causes of importance:

none

Name of operation — Date of

What test confirmed diagnosis? Clin. Indep. 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) Clifton Smith or J. W. Forman, M. D.

(Address) State Hosp #2 St Joseph Mo