

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

Do not use this space.

MAR 25 1935

42672-a

1. PLACE OF DEATH
 39 County Warren Registration District No. 321
 Township Washington Primary Registration District No. 5445
 City Warrensburg (No.) St. Ward

2. FULL NAME
John R. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF <u>Ross Shelton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1871</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>2</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Warrensburg, Mo.</u>		
FATHER	13. NAME <u>H. C. Shelton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Francis Guggin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Clara Shelton</u> <u>Warrensburg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell Crty</u> DATE <u>Mar 11</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>B. C. Kieffer</u> <u>Warrensburg, Mo.</u>		
20. FILED <u>3/4</u> 19 <u>35</u> <u>Pearl Hughes Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1935

22. I HEREBY CERTIFY, That I attended deceased from husband whom I saw here, 19
 I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Thrombus of Heart
138
950
138

Other contributory causes of importance:
Operated Nov. 26-1934 for hydrocele by Dr. H. H. Smith of Springfield, Mo.

Name of operation Hydrocele Date of Nov 26-34
 What test confirmed diagnosis? 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) J. H. Wade, M. D.
 (Address) Warrensburg, 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.

