

MAR 26 1935

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

Do not use this space. ✓

5679

1. PLACE OF DEATH

County Jackson
Township Prairie
City (No. _____) _____

Registration District No. 400
Primary Registration District No. 553B

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

Wilbur Carroll Shelley

(a) Residence, No. _____ St. 7 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Shelley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-12-1951</u>		
7. AGE	YEARS	MONTHS
<u>83</u>	<u>8</u>	<u>26</u>
		DAYS
		<u>26</u>
		IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired 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. <u>all</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	13. NAME <u>Wm B. Shelley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Mary Hower</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Geo Summit</u> DATE <u>Feb 12-35</u>		
19. UNDERTAKER (ADDRESS) <u>Fields - James</u> <u>Geo Summit</u>		
20. FILED <u>Feb 11 1935</u> <u>William F. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1935

22. I HEREBY CERTIFY, that I attended deceased from Oct 1934 to Feb 8, 1935
I last saw h. alive on Feb 8, 1935. Death is said to have occurred on the date stated above, at 6:00 a. m.
The principal cause of death and related causes of importance were as follows:
Uremia Date of onset _____
131
Other contributory causes of importance:
Chronic Intestinal Neoplasia

Name of operation _____ Date of _____
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 Nov 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) Wm F. Fields, M. D.
(Address) Geo 3 - Geo Summit, 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.

