

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.

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

Do not use this space.

APR 2 1935

7898

1. PLACE OF DEATH

County Wright Registration District No. 896
Township Front Primary Registration District No. 6199
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

Eloancel Delacey Shelby
(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 Female 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 John J. Shelby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13/1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 9 28.

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) spent in this occupation

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

13. NAME Thomas F. Hensler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. C.

15. MAIDEN NAME Julia Newcomer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT J. J. Shelby
(ADDRESS) Amosfield R. R. = 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE panthorvalley cem. DATE July 11 1935

19. UNDERTAKER Kelly & Smith
(ADDRESS) Bozonsville Mo.

20. FILED July 14 1935 Lizabith Highfill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Feb 9 1935
I last saw him alive on Feb 6 1935 Death is said to have occurred on the date stated above, at 8:00 A. m.

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

Lobar Pneumonia
Date of onset _____
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis chest 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? _____
If so, specify _____
(Signed) W. Debell _____ M. D.
(Address) Amosfield Mo

Mrs Elizabeth Hayfield
Marshfield, Mass.