APR 24 1935

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

Do not use this space.

10094

1. PLACE OF DEATH
County PERRY
Township
City PERRYVILLE (No. , St. Ward)

Registration District No. 660
Primary Registration District No. 4396

File No.
Registered No. 11

2. FULL NAME REECE SHELBY
(a) Residence, No. 1011 W. ST JOSEPH 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAY LAYTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 3 1873

7. AGE: Years 61 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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) PERRY Co

FATHER
13. NAME DR REUBEN SHELBY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA.

MOTHER
15. MAIDEN NAME MARCELLA. MANNING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PERRY Co.

17. INFORMANT (ADDRESS) MRS. ESTELLA. BROWN.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT HOPE CEM DATE 3/21/35, 19

19. UNDERTAKER (ADDRESS) YOUNG + FENWICK. PERRYVILLE, MO

20. FILED Mar 20, 1935 Ed. L. Brewer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/35, 19

22. I HEREBY CERTIFY. That I attended deceased from Dec 1, 1934, to Mar 19, 1935
I last saw h. /M. alive on March 19, 1935. Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Parotid Gland (right) with general metastasis | 1½ years |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Oscar A. Carron, M. D.
(Address) Perryville, 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.