JUN 18 1935

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

Do not use this space.

15655

85

1001

**1. PLACE OF DEATH**
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 544
City St. Joseph, (No. 2215 Lovers Lane St. Ward)

**2. FULL NAME** Julian B. Shackelford,
(a) Residence, No. 2215 Lovers Lane, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Shackelford,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~Oct. 11~~ Nov. 8, 1870

7. AGE: Years 64 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney At Law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law
10. Date deceased last worked at this occupation (month and year) May 1935,
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper, Virginia,

FATHER
13. NAME Hudson Shackelford,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

MOTHER
15. MAIDEN NAME Harriett Barnes,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

17. INFORMANT (ADDRESS) Mrs J.B. Shackelford 2215 Lovers Lane,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE May 16, 1935

19. UNDERTAKER (ADDRESS) Traton & Begley & Bauman 519 So. 10th. St. Funeral Home

20. FILED 5-15-35 19 John R Bender, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to May 14, 1935
I last saw him alive on May 13, 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Hypernephroma of left Kidney 51

Date of onset: Don't Know

Other contributory causes of importance:
Endocarditis with loud systolic murmur, Secondary nephritis, Metastasis to lung & liver

Name of operation None Date of
What test confirmed diagnosis? None 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) Daniel Morton, M. D.
(Address) St Joseph Missouri

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.

ALL INFORMATION FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

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

**1. PLACE OF DEATH**

County: Buchanan — Registration District No.: 85 — File No.: 15655

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

City: St Joseph (No. ..... St. ..... Ward)

**2. FULL NAME** Juliana B. Shoebel Ford

(a) Residence, No. 2215 Lovers Lane 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| M | W | Wid |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 6 | | |

**OCCUPATION**

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

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)

**FATHER**

13. NAME

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

**MOTHER**

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19

19. UNDERTAKER (ADDRESS)

20. FILED 10-11, 1931 John R Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Hypernephroma of left Kidney

Malignant

Date of onset

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) Daniel Morton, M. D.

(Address) St Joseph Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.