

SEP 16 1935

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

Do not use this space.

791
1003

25139

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City, St. Louis (No. Missouri Baptist Hosp) Registered No. 6779
St. Ward)

2. FULL NAME

(a) Residence No. James Shelton St., N.R. Ward, Jonesburg, Mo.
(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? 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>Maudie Shelton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May - 31st 1875</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>1</u>
		DAYS <u>5</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>Retired</u>	11. Total time (years) spent in this occupation
	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)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co Mo.</u>	
FATHER	13. NAME <u>Levi Shelton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Ida Yocum</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs J. P. Pearson 2112 Calm St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jonesburg Mo</u>	DATE <u>July 8 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Albert H. Kappeler 429 N. Euclid</u>		
20. FILED <u>DDG - 8 1935</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Sept. 5 1934 to July 5 1935

I last saw him alive on July 5 1935 Death is said to have occurred on the date stated above, at 10:00 A. M.

The principal cause of death and related causes of importance were as follows:
Lymphogranulomatosis (Hodgkins Disease)

Other contributory causes of importance:
734

Name of operation Biopsy Date of 10/1/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 Poland's Kipper, M. D.
(Signed) Poland's Kipper
(Address) 4500 Olive

Date of onset
July 1934

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.

Registrar.

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