

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

Do not use this space.

32444

NOV 21 1935

1. PLACE OF DEATH

County Greene Co. Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City St. John's Hospital, Springfield Mo. St. _____ Ward _____

File No. _____

Registered No. 560

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Rogersville, 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? 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 Ella Shelby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>37</u>	<u>4</u>	<u>23</u>	

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) Webster Co. Missouri

MOTHER FATHER 13. NAME George Shelby

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

MOTHER 15. MAIDEN NAME Lula Clouse

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

17. INFORMANT Mrs. Ella Shelby (ADDRESS) Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Panther Valley DATE Nov. 3 1935

19. UNDERTAKER Kelly Ferrell (ADDRESS) Rogersville, Mo.

20. FILED 11-3-35 Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1935 to Oct 31 1935

I last saw him alive on Oct 31 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:
Peritonitis Date of onset _____

177a

Other contributory causes of importance:
Lung disease

Name of operation Lap Date of _____

What test confirmed diagnosis? Cancer 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) J. H. Gillingham M. D.

(Address) Springfield Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

