

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

Do not use this space.

**1. PLACE OF DEATH**

County Howard  
Township Fayette  
City Fayette (No. .... St. .... Ward)

Registration District No. 378  
Primary Registration District No. 4222

File No. 35899

Registered No. 64

**2. FULL NAME**

Stella Shelby

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
about 34

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

13. NAME Dan Shelby

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

15. MAIDEN NAME Annie Bentley.

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

17. INFORMANT (ADDRESS) Rose Shelby Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE II/17th 1935

19. UNDERTAKER (ADDRESS) Guy T. Halley Fayette, Mo

20. FILED Dec. 8 1935 V. C. Bonham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1935; to Nov 1935.

I last saw him alive on Oct 17 1935. 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:

T. B. Pulmonary Date of onset end  
Active young

Other contributory causes of importance none known

Name of operation ..... Date of .....  
What test confirmed diagnosis? fluoroscope 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? no

If so, specify T. G. Richards, M. D.

(Address) Fayette, 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.

