

DEC 11 1935

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

Do not use this space.

36418

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. _____
Township Babona Primary Registration District No. 2002 Registered No. _____
City Gasper Mo. (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Baxter Springs St. _____ Ward. Kansas R. 2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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: Miss Anntha Ann Shelton (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3- 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>54</u>	<u>54</u>	<u>4</u>	<u>4</u>	

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. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cherish, Mo. (STATE OR COUNTRY)

FATHER
13. NAME Mr Ace Shelton

14. BIRTHPLACE (CITY OR TOWN) Cherish, Mo (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME: Miss Sarah Keist

16. BIRTHPLACE (CITY OR TOWN) Cherish, Mo (STATE OR COUNTRY)

17. INFORMANT Miss Fern Shelton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Chgo DATE 11-7 1935

19. UNDERTAKER Coppen Funeral Home (ADDRESS) Missouri

20. FILED 11-9 1935 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1935, to Nov 7 1935

I last saw him alive on Nov 7 1935 Death is said to have occurred on the date stated above, at 9 AM.

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

Undetermined Date of onset _____

Not due to a disease

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1935

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) Ray W. Carter M. D.

(Address) Gasper 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.

