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.

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

AUG 25 1936

Do not use this space.

27971

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6033a — Registered No. 282
City Clayton St Louis Co Hospital (No. ... St. ... Ward)

2. FULL NAME Baby Shelton
(a) Residence, No. Centaur, Mo St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) New born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/20/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or 20 min.

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) Clayton, Mo St Louis Co Hospital

FATHER
13. NAME Paul Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centaur, Mo

MOTHER
15. MAIDEN NAME Frances Burton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo

17. INFORMANT (ADDRESS) Paul Shelton

18. BURIAL, CREMATION, OR REMOVAL St Johns Evan Cem
PLACE Manchester, Mo DATE July 23, 1936

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED 7/21 1936 Dr A J Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9 40 P.M. 19..., to 10 10 P.M., 19...
I last saw her alive on 7/20/36, 19... Death is said to have occurred on the date stated above, at 10 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
1 5 lb	

Other contributory causes of importance:
Spina Bifida

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? No
If so, specify ...
(Signed) Wm O. Mowrey, M. D.
(Address) St Louis Co Hospital