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.

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

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

SEP 21 1936

Do not use this space.

30531

1. PLACE OF DEATH

County: Gentry — Registration District No.: 309 — File No.:

Township: — Primary Registration District No.: 4151b — Registered No.: 59

City: Albany (No. ..., ... St. ... Ward)

2. FULL NAME: Thelma Barnes Shelby

(a) Residence, No. ... 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: Female

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: John Shelby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 6, 1913

7. AGE — Years: 22 — Months: 9 — Days: 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): St Joseph Missouri

FATHER

13. NAME: Charles F. Barnes

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

MOTHER

15. MAIDEN NAME: Bertha Gowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beloiate, Kans

17. INFORMANT (ADDRESS): John Shelby Albany, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Kent Cemetary DATE: Aug 11, 1936

19. UNDERTAKER (ADDRESS): Robert L. Yaple Albany, Mo.

20. FILED: Aug 10, 1936 — Wm. Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 9, 1936. I last saw her alive on Aug 9, 1936. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Puerperal Septicemia — Date of onset:

Other contributory causes of importance: Pellendite,

Name of operation: No — 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: ..., 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) Charles N. Williamson, M. D.

(Address) Gentry Mo