

DEC 30 1936

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

Do not use this space.

38727

1. PLACE OF DEATH

County Polaski Registration District No. 713
Township Cullen Primary Registration District No. 5942
City (No.) St. Ward

2. FULL NAME Mary Shelton

(a) Residence, No. St. Ward.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nursewife
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 William Collier

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

15. MAIDEN NAME Susan Evans

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

17. INFORMANT George Shelton
(ADDRESS) Wray, Missouri, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheppard DATE Oct 20, 1936

19. UNDERTAKER Field N. Gilbert
(ADDRESS) Wray, Mo.

20. FILED 1111 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1936

22. I HEREBY CERTIFY That I attended deceased from July 1, 1935, to Oct 19, 1936
I last saw him alive on Oct 16, 1936. Death is said

to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

Paralytic Epidemic Date of onset 8/1/36

Other contributory causes of importance: Chronic Myocarditis 1926

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?
If so, specify

(Signed) M. D.

(Address)

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.

