

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.

JAN 29 1937

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

Do not use this space.

44347

1. PLACE OF DEATH

County Jefferson  
Township North  
City St. Louis (No. County Jefferson)

Registration District No. 309  
Primary Registration District No. 5427

File No. 54  
Registered No. 54  
St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. James Franklin  
(Usual place of abode) Shellock

St. St. Louis Ward 1

(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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known  
7. AGE YEARS 66 (about) MONTHS 0 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) not known  
11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (CITY OR TOWN) Jefferson Co  
(STATE OR COUNTRY) Mo

13. NAME James F. Shellock

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

15. MAIDEN NAME Sarah M. Shellock

16. BIRTHPLACE (CITY OR TOWN) Jefferson Co  
(STATE OR COUNTRY) Mo

17. INFORMANT Sherran Shellock  
(ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL St. Louis

19. UNDERTAKER McLafferty Brothers  
(ADDRESS) St. Louis

20. FILED Dec 16, 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936, to Dec 15, 1936

I last saw him alive on Dec 14, 1936 Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:  
Coronary artery disease  
Stenosis of aorta  
1936

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Where did injury occur? St. Louis

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) J. H. Bagger M. D.

(Address) St. Louis

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

Do not use this space.

**1. PLACE OF DEATH**

County Dentry

Registration District No. 309

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 5427

Registered No. 84

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Franklin Ashlock

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

abt 66

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19

19. UNDERTAKER

20. FILE

Feb 20 1938 W. T. Martin Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_, to 19\_\_\_\_

I last saw him/her alive on 19\_\_\_\_. 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:

Carcinoma of Stomach and liver

Primary seat was in stomach

Other contributory causes of importance:

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 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) J. M. Barger, M. D.

(Address) Albany, 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.

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