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.

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

JUN 16 1936

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 48236
Township — Primary Registration District No. 3001 — Registered No. 106
City Kirksville (No. , 401 S. Baltimore St. 4 Ward)

2. FULL NAME Still Born of Mr & Mrs Albert Sholly
(a) Residence, No. 401 S Baltimore St., 4 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 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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-8-1936
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....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) Kirksville Mo

FATHER
13. NAME Albert Sholly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo

MOTHER
15. MAIDEN NAME Leona Pellit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Mo

17. INFORMANT (ADDRESS) Mrs Lenore Sholly Kirksville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park DATE May 9, 1936
19. UNDERTAKER (ADDRESS) Summers Bros Kirksville, Mo.
20. FILED May 23, 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to May 8, 1936
I last saw h. Stillborn, 19.. Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	
Stillborn	

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 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) John H Denby S.O., M.D.
(Address) Kirksville