

APR 21 1937

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

Do not use this space.

12401

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No. 28
Registered No.
St. Ward

2. FULL NAME Lella Beck Graves Shacklett

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. J. Shacklett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1872</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Lexington, Mo.
(STATE OR COUNTRY)13. NAME John Graves14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)15. MAIDEN NAME Sarah Ellen Flournoy16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT Miss Helen G. Shacklett
(ADDRESS) Lexington, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Mar. 21, 193719. UNDERTAKER Winkler,
(ADDRESS) Lexington, Mo.20. FILED Mar 21 1937 Faye B. Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 193722. I HEREBY CERTIFY, That I attended deceased from
3-13 1937, to 3-18 1937I last saw her alive on Mar 18 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Acute Broncho pneumonia
secondary shock from
pericardial infarct Mch 24/37 5 sep.

Date of onset

Other contributory causes of importance:

Chronic Mesenteric artery
spasm

Name of operation

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? Accident Date of injury 3/12 1937

Where did injury occur? In home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury Fall on steps

Nature of injury fracture of chest-shoulder

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) OTJ. Higgins, M. D.

(Address) Lexington, 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.

