

APR 26 1937

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

Do not use this space.

13194

1. PLACE OF DEATH

County Repley  
Township Blount  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 751  
Primary Registration District No. 3990

File No. 42  
Registered No. 1337  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Boyd Shelby

(a) Residence, No. Douglas mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Anna Lois Shelby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1900

7. AGE 26 YEARS MONTHS 7 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. \_\_\_\_\_

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) Kentucky

13. NAME Frank Shelby

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

15. MAIDEN NAME Etta Aldrich

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

17. INFORMANT (ADDRESS) Mary Ward  
Douglas mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Oct. 14 1936

19. UNDERTAKER (ADDRESS) Minnie Gish  
Hay Co. Mo.

20. FILED 3/10 1937 H. E. White  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1936 to Oct 13 1936

I last saw him alive on Oct 12 1936 Death is said to have occurred on the date stated above, at 11 A. m.

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

Labor pneumonia Date of onset Oct 14 1936

Other contributory causes of importance: 100

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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? no

If so, specify \_\_\_\_\_

(Signed) H. E. White M. D.

(Address) Douglas 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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