

MAY 21 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 16590
Registered No. 175
St. _____ Ward)

1. PLACE OF DEATH

County... Jackson Registration District No. 398
Township... Blue Primary Registration District No. 5554
City... Independence (No. Fairmount Park Lake

2. FULL NAME Mark Norman Shackelford

(a) Residence, No. 3006 Wayne St. Ward.

Length of residence in city or town where death occurred 10 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) Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1889
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1919
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Buchanan County Mo. (STATE OR COUNTRY)

13. NAME Frank

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

15. MAIDEN NAME Martha Emma Wilson

16. BIRTHPLACE (CITY OR TOWN) Greensborough N. Carolina (STATE OR COUNTRY)

17. INFORMANT Grace Shackelford (ADDRESS) 3006 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 15, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)

20. FILED 5-15-37 F.L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 to _____, 19. I last saw _____, 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: Date of onset

Death by Drowning
Body found 9:30 AM 5-13-37

Other contributory causes of importance: Suicide
no boat involved

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) _____

183

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Blue
City (No. _____) St. _____ Ward _____

Registration District No. 398
Primary Registration District No. 5554

File No. 16590
Registered No. _____

2. FULL NAME

Mark Norman Shackelford

(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.
47 10 20

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/23 1937 F. R. Rook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ 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:

Death by drowning
Body found about 9:30 AM
5-13-37

Date of onset

Other contributory causes of importance:

suicide(?) 166
no boat involved

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) R. J. Combs Registrar

(Address) Independence, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REGISTRATION OF OCCURRENCE OF DEATH IS VERY IMPORTANT.

