

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

Do not use this space.

21432

1. PLACE OF DEATH

97 County Saline
Towship Marshall
City Marshall (No. Putnam Hospital)

Registration District No. 796

Primary Registration District No. 3038

File No. _____

Registered No. 93

St. _____ Ward _____

2. FULL NAME Shelby Jean Ellison

(a) Residence, No. 610 N. E. Ellsworth Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 16-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0 35

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) Marshall (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Louis Russell Ellison

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

MOTHER 15. MAIDEN NAME Worthy Belle Russell

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

17. INFORMANT Louis R. Ellison (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE May 18 1937

19. UNDERTAKER R. W. Campbell (ADDRESS) Marshall Mo

20. FILED May 18, 1937 Mary Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16 1937, to May 17 1937

I last saw h. or alive on May 17 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Born with closed Oesophagus
Date of onset 157d

Other contributory causes of importance: _____

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: Assault, suicide, or homicide? _____ Date of injury _____ 1937

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) A. Putnam M. D.

(Address) Marshall 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.

MEMORANDUM FOR THE DIRECTOR
FROM THE ASSISTANT ATTORNEY GENERAL
DATE: 1/15/54

RE: [Illegible]

[Illegible text]

MEMORANDUM FOR THE DIRECTOR

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]