

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

Do not use this space.

AUG 11 1937

26248

1. PLACE OF DEATH

County Jackson
Township Kay
City Kansas City (No. Willow St. Stop)

Registration District No. 399
Primary Registration District No. 1002

File No. 2031
Registered No. 2031
St. _____ Ward _____

2. FULL NAME

Carolyn Shackelford

(a) Residence, No. 2902 9. main 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from July 4, 1937, to July 8, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 4 - 1937

I last saw her alive on July 7, 1937. Death is said to have occurred on the date stated above, at 12 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4

The principal cause of death and related causes of importance were as follows:
160B
Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Cerebral Hemorrhage
(due to birth injury)
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER
13. NAME Unknown

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. _____

MOTHER
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

Manner of injury _____
Nature of injury _____

15. MAIDEN NAME Nellie Shackelford

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

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

(Signed) H. Sawyer, M. D.
(Address) 406 W 34th St

17. INFORMANT (ADDRESS) J. Clemens R. N.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bressawn DATE July 12, 1937

19. UNDERTAKER (ADDRESS) By Carl Fischer, 15. C. 2222

20. FILED July 10, 1937 M. M. Brown
Registrar.

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.

