

AUG 31 1937

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

Do not use this space.

28622

1. PLACE OF DEATH

County Verona
Township Clegg Creek
City Walker

Registration District No. 880
Primary Registration District No. 6169

File No.
Registered No. 13
St. Ward)

2. FULL NAME

Shelton

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1937

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

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.
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) Walker Mo

FATHER 13. NAME Benton M. Gray

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

MOTHER 15. MAIDEN NAME Edna Highland

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

17. INFORMANT (ADDRESS) Benton M. Gray

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon DATE 7-25 1937

19. UNDERTAKER (ADDRESS) Chubbogoni Adzwood Mo

20. FILED 8-1 1937 S B Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19, 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:

Stillborn
Other contributory causes of importance:
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) J. A. ... M. D. (Address) Nevada 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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