

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No. 30792
Township 2 Primary Registration District No. 3018 Registered No. _____
City Clinton (No. R.P.) St. _____ Ward _____

2. FULL NAME Leda Roberta Shackley

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-24-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 2
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 none

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-1937
22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to Aug 27, 1937
I last saw him alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.
13. NAME Bennie Shackley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co., Mo.
15. MAIDEN NAME Delma Ray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.
17. INFORMANT Bennie Shackley (ADDRESS) Clinton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Heard Chapel DATE 7-28-37

Dysentery (Bacterium Dysenteriae)
Date of onset _____
Other contributory causes of importance: General weakness + poor care in home

MOTHER FATHER
19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton, Mo.
20. FILED 8-28, 1937 J. R. Hampton Registrar.

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? no
If so, specify _____
(Signed) Edmond S. D. D.
(Address) Clinton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

