DEC 27 1937

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

Do not use this space.

File No. 42103

Registered No.

1. PLACE OF DEATH
County Pemiscot
Township Pascola
City (No. , St. Ward)

Registration District No. 1102
Primary Registration District No. 25870

2. FULL NAME Shelby Jean Ursey

(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 F
4. COLOR OR RACE Wh
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) Apr-3-1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	11	

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) Bragg City Mo

FATHER
13. NAME Walter Ursey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ella Cross Tennessee

MOTHER
15. MAIDEN NAME Ella Cross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT (ADDRESS) Walter Ursey Bragg City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel DATE 10/16 37, 19

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett Mo

20. FILED Dec 6, 1937 Mrs T.R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937, to Oct 14 1937
I last saw him alive on Oct 14 1937, 19 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intes Colitis	6 wks

Other contributory causes of importance: N/A

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) H. W. Russell, M. D.
(Address) Kennett Mo