REC'D MAR 14 1938

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

Do not use this space.

File No. 5517
Registered No. 583

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City Mo. (No. 1405 Agnes St. Ward)

2. FULL NAME Mrs. Minnie Shelkey 420
(a) Residence, No. 1405 Agnes 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: 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) Nov. 28 1865

7. AGE: Years 72 | Months 2 | Days 5 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ohio

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Bessie Freeman
(ADDRESS) 1405 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's DATE Feb 5 1938

19. UNDERTAKER SHEIL FUNERAL HOME
(ADDRESS) 6606 INDEPENDENCE AVE.

20. FILED 2/4 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1923, to Feb. 3 1938
I last saw her alive on Feb. 2 1938. Death is said to have occurred on the date stated above, at 2:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis (Mitral Regurg	1936
Chronic Myocarditis	
131	

Other contributory causes of importance:
Chronic Interstitial nephritis

Name of operation none Date of
What test confirmed diagnosis? Clinical + Phy Was there an autopsy? no

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) Harry W. Dugan, M. D.
(Address) 1401 Prospect K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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