

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.

REC'D MAY 9 1938

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

Do not use this space.

13751

1. PLACE OF DEATH

County Jackson
 Township Rau
 City Kansas City (No. 01st Haven Court Home)

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. 1731 Ward _____

2. FULL NAME

Thomas Franklin Shackelford

(a) Residence, No. St Regis Hotel 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1848

7. AGE YEARS 89 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Missouri

13. NAME Wiley Shackelford

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

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Miss Grace Shackelford (ADDRESS) St Regis Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 25, 38

19. UNDERTAKER Newcomb's Sons (ADDRESS) Brushcreek & Passes

20. FILED Apr 24, 1938 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to April 22, 1938. I last saw him alive on April 22, 1938. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Senility
arteriosclerosis
Fibrous Myocarditis

Other contributory causes of importance: None

Date of onset
?
?
?

Name of operation no Date of _____
 What test confirmed diagnosis? no 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) Harvey E. Brown, M. D.
 (Address) 806 Prof Bldg W. M.

Dr Geo V. ~~Boyer~~

806 Prof Green
U. 8444 3-5-