

REC'D MAY 24 1938

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

15758
Do not use this space.

1. PLACE OF DEATH

(a) County Sp. Jervision Registration District No. 780
(b) Township Jackson Primary Registration District No. 6028 Registered No. 24
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ERNEST JOSEPH SHELBY 410
(a) Residence, No. St. Joseph St. Perryville Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marceline Turbin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cream Buyer
9. Industry or business in which work was done, as 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) Perry County Missouri
13. NAME Reuben J. Shelby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Marcella Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Frank Shelby Perryville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE First Hope Cem. Perryville Mo. DATE April 26 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Best Funeral Home Perryville Mo.
20. FILED Apr 25 1938 T. W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 193822. I HEREBY CERTIFY, That I attended deceased from October 18 1937 to April 23 1938I last saw him alive on April 23 1938. Death is said to have occurred on the date stated above, at 7:25 p.m.

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

Angina PectorisDate of onset
10/18/37Other contributory causes of importance:
94 WName of operation None Date of
What test confirmed diagnosis? Clinical 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 injury24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify(Signed) Bernard T. Koon, M. D.
(Address) Perryville, Mo.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Albert H. Bay

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Albert H. Bay

Licensed Embalmer No.

3866

P. O. Address

Berryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.