

REC'D JUL 17 1938

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

Do not use this space.

22308

1. PLACE OF DEATH

County Lincoln Registration District No. 488
Township _____ Primary Registration District No. 4295
City Hawkpoint Mo. (No. _____ St. _____ Ward _____)

File No. 2
Registered No. _____

2. FULL NAME

William T. Shelton
(a) Residence, No. Hawkpoint Mo. Ward. _____
(Usual place of abode)

1135
(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 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 Lida Shelton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1858
7. AGE YEARS 79 MONTHS 1 DAYS 20 K 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1938, to 6-14, 1938
I last saw him alive on 6-14, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) Date of onset _____
arterial hypertension
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri
13. NAME Thomas Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Julia Keithley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT Lida Shelton (ADDRESS) Hawkpoint Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hawkpoint Cem DATE June 16, 1938
19. UNDERTAKER Wayne Mc Gray (ADDRESS) Gray Mo.
20. FILED 6-16-1938 W. T. Quinn 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 /, 1938
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? _____
If so, specify MS Harris (Signed) _____, M. D.
Gray Mo. (Address) _____

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.

