

REC'D JUL 14 1938

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

Do not use this space.

22440

1. PLACE OF DEATH

County

Miller

Registration District No.

562

Township

Richwoods

Primary Registration District No.

4831

City

Iberia

File No.

Registered No.

St.

Ward)

2. FULL NAME

Allen Payson Sheltaw

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel McKee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia Mo

13. NAME George W. Sheltaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McHenry County, Penn.

15. MAIDEN NAME Beelia Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia Mo

17. INFORMANT (ADDRESS) Mrs. Bron Fauley Iberia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 5/31 - 38

19. UNDERTAKER (ADDRESS) O. B. Basey Iberia, Mo.

20. FILED July 4, 1938 Mo. W. H. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1938, to 5-31, 1938

I last saw him alive on 5-30, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Broncho-pneumonia Date of onset

Other contributory causes of importance 1074

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?

If so, specify

(Signed) G. W. Duncan, M. D.

(Address) Iberia, Mo.

