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.

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

REC'D AUG 26 1938

Do not use this space.

26693

1. PLACE OF DEATH
County Sullivan
Township Clay
City Newtown (No. ..... St. ..... Ward)

Registration District No. 853
Primary Registration District No. 4519

File No. .....
Registered No. 14

2. FULL NAME Lieu Rena Shelt 430

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of J. H. Shelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/12/1862

7. AGE YEARS 75 MONTHS 6 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Mercer Co. Mo

FATHER
13. NAME Joe W. Jobe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Catherine Burris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo.

17. INFORMANT (ADDRESS) Joe Shelt Newtown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newtown DATE July 11 1938

19. UNDERTAKER (ADDRESS) Judd & Payne

20. FILED July 16 1938 Mrs. Ruth Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1935, to July 10 1938
I last saw h. alive on July 10 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:

Carcinoma of axella occurring from Carcinoma of breast removed Aug 1935

Date of onset

Other contributory causes of importance:

53

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) A. W. Wedner, M. D.
(Address) Newtown, Mo