

Dr. Love

REC'D OCT 25 1938

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

32794
Do not use this space.

1. PLACE OF DEATH
 (a) County Mississippi Registration District No. 566
 (b) Township Charleston Primary Registration District No. 3030
 (c) City Charleston (d) Street No. 110 St.
 (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 MARY ANN SHELBY
 (a) Residence, No. CHARLESTON St. (If nonresident, give city or town and State)

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 Frank Shelby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookport, Ill.

FATHER
 13. NAME Emice Linner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Elizabeth Henley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis, Ill.

17. INFORMANT Ellie Pharris
 (ADDRESS) Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE Aug 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank N. Shelby
East Prairie

20. FILED 8-26 1938 J. J. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Aug 25, 1938
 I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute - Fatal Enteritis with Cardiac Collapse. Date of onset 8/23/38

Other contributory causes of importance: 131
Ch. Nephritis 14a

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 W. S. Love
 (Signed) W. S. Love, M. D.
 500 (Address) Charleston, Mo.

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.

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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,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.