

1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Karr Primary Registration District No. 1007  
 City Kansas City (No. Trinity Lutheran Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 U.S. \_\_\_\_\_  
 2. FULL NAME SHELTON, ADA  
 (a) Residence, No. Hickman Mills St. \_\_\_\_\_ Ward Hickman Mills Mo.  
 (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.

File No. 41688  
 Registered No. 4754

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Nevochel Shelton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 1883  
 7. AGE YEARS 55 MONTHS 2 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Noose Keeper  
 9. Industry or business in which work was done, as silk mill, 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Mills Mo.

FATHER 13. NAME Wm M. Food

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Emma J. Parsons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Hershel Shelton  
(ADDRESS) Hickman Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Mo. DATE Dec 8 1938

19. UNDERTAKER W. E. Julian O'Leary Co.  
(ADDRESS) \_\_\_\_\_

20. FILED Dec 6 1938 M. M. Grown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Dec. 5, 1938

I last saw her alive on Dec. 5, 1938. Death is said to have occurred on the date stated above, at 4:57 P.M.

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

Spinal Cord Tumor (Benign) Date of onset Nov 1937  
Myelo. MALACIA - Cervical Region Dec 1 1938

Other contributory causes of importance: S/W

Name of operation Laminectomy Date of Nov 28 1938

What test confirmed diagnosis? operation Was there an autopsy? yes

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 \_\_\_\_\_

(Signed) Donald F. Coburn, M. D.  
(Address) 730 Professional Bldg. Kansas City, Missouri

WRITE PLAINLY, WITH UNFADING INK. 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.

1 X 704

