

MAY 11 1939

701

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

Do not use this space.

File No. 14259  
Registered No. 382

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
State Hosp # 2

2. FULL NAME

Vada Catherine Shelby

(a) Residence, No. Gentry Co. Home St., Ward.

Length of residence in city or town where death occurred 0 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1880

7. AGE YEARS 58 MONTHS 10 DAYS 17  
IF LESS than 1 day, .....hra. or .....min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. none  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington, Mo.

13. NAME George Woodsida Shelby  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Jennette Christine  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Mo.

17. INFORMANT (ADDRESS) Records State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany, Mo. DATE 4-10-39

19. UNDERTAKER (ADDRESS) Roy A. Gray, 121 S. 1st St., St. Joseph, Mo.

20. FILED 4/10 1939 H. H. White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1939

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1938, to April 9, 1939. I last saw her alive on April 8, 1939. Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Carcinoma of Uterus  
Bronchopneumonia  
Other contributory causes of importance: Hysterectomy

Name of operation Hysterectomy Date of 4/7/39  
What test confirmed diagnosis? Clin + Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Don H. Brit (By D.D.G.) M. D.  
(Address) State Hosp # 2, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Ada Catherine Shelby was embalmed  
by myself, according to the law  
of Missouri

John Ray Stoney

# 2435

St. Joseph, Mo.