

1930 JUN 19 1930

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

Do not use this space.

1. PLACE OF DEATH

County Adair  
Township 1  
City Keosauqua (No. 1)

Registration District No. 2  
Primary Registration District No. 3004

File No. 17878  
Registered No. 133  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 1 yrs. 2 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 Cd 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nelson Yates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-11-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 11 19

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

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) Warrenton Missouri

13. NAME Jerry Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Missouri

15. MAIDEN NAME Maria

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

17. INFORMANT Harry Hunter (ADDRESS) Keosauqua Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina Mo. DATE May-1-1939

19. UNDERTAKER Keth Hudson (ADDRESS) Edina Mo.

20. FILED May 31, 19 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 30, 1939

I last saw him/her alive on May 29, 1939 Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

myocarditis chronic  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 93C

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) W. O. Spicklen, M. D.  
(Address) Keosauqua 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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-435

Date Filed JUN 15 1959