

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

REC'D JUN 13 1939

**19255**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Mississippi Registration District No. 366  
 (b) Township Jay Primary Registration District No. 5762  
 (c) City Charleston (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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**

Andrew Smith Shelborn  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE ore 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 13 baby  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>Shelborn</u>				

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Co  
Charleston Mo

FATHER 13. NAME Andrew Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Miss

MOTHER 15. MAIDEN NAME Georgia May Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Miss

17. INFORMANT (ADDRESS) Adrew A Smith  
Dr Denton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Chapel DATE May 19th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Private  
No undertaker

20. FILED 5-19-1939 J O Dorman  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Shelborn  
Cause of death unknown  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none 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? no

If so, specify \_\_\_\_\_ (Signed) Frank A Dorman, M. D.  
745 (Address) Charleston 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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**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.**