

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

Do not use this space.

36036

1. PLACE OF DEATH **NOV 9 1939**
 County Gentry Registration District No. 309
 Township _____ Primary Registration District No. H185
 City Albany (No. _____) St. _____ Ward _____
 2. FULL NAME John Allen Shelby
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 38

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Helma Barnes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 - 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 0 0
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
 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) Sept. 1939 11. Total time (years) spent in this occupation 10 yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1939, to Oct 7, 1939.
 I last saw him alive on Oct 7, 1939. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:
Aortic aneurism
 Date of onset 1932
 Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) Mo.
 13. NAME Everett E. Shelby
 14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____
 15. MAIDEN NAME Dollie Robinson
 16. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) Mo.
 17. INFORMANT Dollie Shelby (ADDRESS) Albany Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grandview DATE Oct. 10, 1939
 19. UNDERTAKER A. J. Base (ADDRESS) Albany Mo.
 20. FILED Oct 10, 1939 W. S. Martin Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? X-ray 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 _____
 (Signed) Frank H. Rose, M. D.
 (Address) Albany, 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.

RECEIVED

Division of Criminal Justice

Case No. 992

139-1415-8

DATE

NOV 7

1939