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.

12 1940

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

Do not use this space.

44894

1. PLACE OF DEATH
County Texas — Registration District No. 18 — File No.
Township Morris — Primary Registration District No. 6139 — Registered No.
City (No. , St. Ward)

2. FULL NAME 400 MINNIE SHELLEY
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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 W. H. Shelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1882

7. AGE — YEARS 56 — MONTHS 11 — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Texas Co Mo.

FATHER
13. NAME George Skaggs.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Rachel Murr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

17. INFORMANT (ADDRESS) Lizzy Haggard Benjamin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Murr Cemetery DATE Dec 16 1939

19. UNDERTAKER (ADDRESS) None

20. FILED Dec 18 1939 Pearl E. McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from AUG. 19, 1938, to Dec. 14, 1939
I last saw her alive on NOV 4, 1939. Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CACHEXIA FROM CARCINOMA OF CERVIX	
48	

Other contributory causes of importance:
ABDOMINAL ABSCESS

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) T. M. Dillman, M. D.
(Address) Houston, Mo.

RECEIVED
District Health Officer No. 5,
District File Number 140 12
Date Filed 11040