

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.

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

Do not use this space.

21690

1. PLACE OF DEATH

County St. Louis
Township N. Franklin
City Norseth & Adie Road

Registration District No. 784

Primary Registration District No. 6030

File No. _____

Registered No. _____

St. _____ Ward)

2. FULL NAME

(a) Residence. No. Norseth & Adie Road, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mellie Bond Shields

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

Jan 3, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

52

5

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

Broker

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Wallas

(STATE OR COUNTRY)

Texas

10. NAME OF FATHER

Geo. Shields

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Nashville

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Margaret B. Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Nashville

(STATE OR COUNTRY)

Tenn

14.

INFORMANT

(Address)

James G. McConkey
Federal Reserve Bank

15.

FILED 6-18, 1928

O. R. Schunk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 17, 1928

17.

I HEREBY CERTIFY That I attended deceased from Mar

1928 to June 17, 1928
that I last saw him alive on June 15, 1928 and that death occurred, on the date stated above, at 7450

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-renal disease

3513
9013

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at place of death

19. DID AN OPERATION PRECEDE DEATH

no

DATE OF X

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

laboratory

(Signed)

Raymond Carroll, M. D.

(Address) 1020 Paul Porter Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellfontaine

June 18, 1928

20. UNDERTAKER

Wagoner

ADDRESS

3621 Oliver

Dr. David

1722-1723