

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

Do not use this space.

6279

1. PLACE OF DEATH

County Howard
Township Chariton
City Glasgow

Registration District No. 379
Primary Registration District No. 4223

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS or (OR) WIFE OF J. H. Denny

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 | 11 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) _____

10. NAME OF FATHER Thomas Shackelford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co Mo
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Sarah E. Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co Mo
(STATE OR COUNTRY) _____

14. INFORMANT J. H. Denny
(Address) Glasgow Mo

15. FILED 2/10/29 C. F. Temple
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-5-29, 1929, to 2-7-29, 1929, that I last saw h. or v. alive on 2-3-29, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pancreatitis
12 d
(duration) yrs. mos. ds. 3
CONTRIBUTORY 12 d
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. F. Temple, M. D.

(Address) Glasgow
2-8-1929

*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 Glasgow Mo DATE OF BURIAL Feb 9 1929

20. UNBERTAKER Undiver & Auldrey ADDRESS Glasgow Mo

THIS IS A PERMANENT RECORD

APR 25 1929

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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