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

Do not use this space.

File No. 9404

Registered No.

23 1929

PLACE OF DEATH
County Atchinson.
Township Lincoln
City ..... No. ..... St. ..... Ward)

Registration District No. 7 4
Primary Registration District No. 1 0 3 1

2. FULL NAME Christopher B. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Shelby.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 12, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	12	

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

9. BIRTHPLACE (CITY OR TOWN) Bigville
(STATE OR COUNTRY) Illinois.

PARENTS
10. NAME OF FATHER Christopher Shelby
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Cecelia Shurlock.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Mary Jane Shelby.
(Address) Westboro, Missouri.

15. FILED 3-26, 1929 G.W. Lott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to March 24, 1929, that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at one a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
Hepatitis
Hepatitis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A.W. Manson, M. D
3-26, 1929 (Address) Westboro. Mo.

*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 Center Grove
DATE OF BURIAL Mar, 27 1929

20. UNDERTAKER Scott Tucker
ADDRESS Westboro, Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Atchison — Registration District No. 22 4016 — File No. 9404
Township Lincoln — Primary Registration District No. ~~5031~~ — Registered No. 6
City Westboro Mo (No. ..... St. ..... Ward)

2. FULL NAME Christopher Shelby
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Shelby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	2	12	

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

9. BIRTHPLACE (CITY OR TOWN) Bigville
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Christopher Shelby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Cecilia Shurlock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary Jane Shelby
(Address) Westboro Mo.

15. FILED 3-26, 1929 G.W. Lott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 1 - 1929 to Mar 24, 1929 that I last saw him alive on Mar 24, 1929, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D.W. Mansor, M.D
3-26, 1929 (Address) Westboro Mo.

*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 Center Grove — DATE OF BURIAL Mar. 27 1929

20. UNDERTAKER Scott Tucker — ADDRESS Westboro Mo.

SUPPLEMENTARY

N. ... ied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUS... properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-9404