

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

Do not use this space.
Sumner
1937

1. PLACE OF BIRTH
County *Miller* Registration District No. *565*
Township *Hayes* Primary Registration District No. *57619*
City *Brimley* (No.) St. Ward)

2. FULL NAME *Rodan Shelton*
(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 *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 *Bennett Shelton*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *No Record*

7. AGE YEARS MONTHS DAYS IC-LESS than 1 day, hrs. or min.
51 — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Farming 46 12*
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) *Howel Co.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Marion Duncan*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Melinda Shelton*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT *W. A. Shelton*
(Address) *Brimley, Mo.*

15. FILED *1/28 30* *C. R. Hamlin*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 21 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 20 1930* to *Jan 21 1930*
that I last saw him alive on *Jan 21 1930* and that death occurred, on the date stated above, at *3:10 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
34 40
(duration) yrs. mos. ds.

CONTRIBUTORY *Gall Stone*
(SECONDARY)
one year (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *place of birth*

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *W. W. Duncan* M. D.
1-21 1930 (Address) *Shelton*

*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 *Wt. Union* DATE OF BURIAL *Jan. 23 1930*

20. UNDERTAKER *C. L. Casey* ADDRESS *Idria*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very important.

WHITE (MARRIED) WITH ON-PAIDING INK—THIS IS A PERMANENT RECORD

