JUL 25 1930

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

Do not use this space.
21698
[redacted]

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162 — Registered No. 133
City (No. , St. Ward)

2. FULL NAME Lizzie Shelton

(a) Residence. No. State Hospital #3 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)
F	W.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	2	27	

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) Michigan
(STATE OR COUNTRY) —

PARENTS
10. NAME OF FATHER Balker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michigan
(STATE OR COUNTRY) —
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) —

14. INFORMANT State Hospital # 3
(Address) nevada. mo.

15. FILED 7/3/1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to June 23, 1930 that I last saw her alive on June 23, 1930, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
93C
99 (duration) yrs. 2 mos. + ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. 2 mos. + ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) K. Suyetoff, M. D
June 23, 1930 (Address) nevada 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 Goodman Mo. — DATE OF BURIAL 6-25-30

20. UNDERTAKER Myers Funeral Home — ADDRESS Nevada

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.