WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 29 1931

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

Do not use this space.

19067

1. PLACE OF DEATH
County St. Charles — Registration District No. ~~[illegible]~~ 760 / 6001 — File No. 1
Township Dardenne — Primary Registration District No. ~~[illegible]~~ — Registered No. 39
City Wallon (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Minnie Shelton

(a) Residence, No. ~~[illegible]~~ 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS 50 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallon Mo. 1

FATHER
13. NAME Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Hutchins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Pearl Shelton

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Troy Mo. DATE May 24 1931

19. UNDERTAKER (ADDRESS) E A Keithly Wallon Mo

20. FILED 5-26 1931 W C Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1931, to May 17, 1931
I last saw her alive on May 17, 1931. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

59 59 15 CB

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Gangrenous Diabetes

Name of operation Amputation of R Hip Date of May-7-31
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dr W. H. Tyler, M. D.
(Address) 200 Main St