

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

Do not use this space.

34612

1. PLACE OF DEATH

County Jackson
Township Haw
City H. C. Mo

Registration District No. 333
Primary Registration District No. D 002
(No. 5504 Park)

File No. _____
Registered No. 4331
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5504 Park St. 13 Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-18-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 7

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER John E Hartley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Springton Ind
12. MAIDEN NAME OF MOTHER Jane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sac Mo Cal

14. INFORMANT Am Jessor P Engle
(Address) 5504 Park

15. FILED 10/26, 19 31 M. M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1931 to Oct 24, 1931
that I last saw him alive on Oct 24, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) American & Mutual
Regulation (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 95B

WHAT TEST CONFIRMED DIAGNOSIS? Subsequent Macroscopic
(Signed) A. P. Doehler M. D.

10/25, 19 31 (Address) 676 Chambers Bldg

*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 Parthage Mo DATE OF BURIAL Oct 26 19 31

20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 15

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.

