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

Do not use this space.

37564

File No. 1.4416
Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 2218 East 68th St. St. Ward)

2. FULL NAME Byrd Allen Sheldon

(a) Residence, No. 2218 East 68th ST. 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. 5 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Windsor
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Geo. J. Sheldon

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

MOTHER

15. MAIDEN NAME Ann Bailey Allen

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

17. INFORMANT J. L. Sheldon
(ADDRESS) 4610 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor Mo. DATE Nov. 3. 1931, 19

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 11/2, 1931 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1931, to, 19
I last saw h. alive on 7-28, 1931 Death is said to have occurred on the date stated above, at 12:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Hepatic Cirrhosis	
HPA	
SJE	

Other contributory causes of importance
Carcinoma of Liver

Name of operation A. P. Lupe Date of 7-29-31
What test confirmed diagnosis? Section Was there an autopsy? NO

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?
If so, specify
(Signed) J. P. Carlin, M. D.
(Address) 1500 Pure Bldg

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.