

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

Do not use this space.

5038

1. PLACE OF DEATH

County Ledass
Township Union
City Stockton (No.)

Registration District No. 165
Primary Registration District No. 5231

File No.
Registered No. 16
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

William Dwight Sheldon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1857

7. AGE YEARS 75 MONTHS 6 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 56 E

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) (STATE OR COUNTRY) Illinois

13. NAME Wm Sheldon

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

15. MAIDEN NAME Ersula P

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

17. INFORMANT (ADDRESS) Ella Sheldon

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Springs DATE Feb 13 1933

19. UNDERTAKER (ADDRESS) W. C. Phillips & Co. Stockton, Mo

20. FILED Mar 19 1933 E. S. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 11:00 A.M. to 1:00 P.M. 19... to 19... I last saw h... alive on Dec 19 19... Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

Found Dead - Lying in bed - Heart Failure

Other contributory causes of importance:

Chronic Suffering from Emphysema

Name of operation..... Date of.....

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? If so, specify

(Signed) Walter Church-Cramer (Address) Stockton, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly understood.

