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

Do not use this space.

FEB 8 1937

File No. 4297
Registered No. 1361

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Alice Shelton

(a) Residence, No. 3900 W. Bell St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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)
Female	Negro	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	25	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 230

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

10. Date deceased last worked this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 2

FATHER

13. NAME Osborne Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 2

MOTHER

15. MAIDEN NAME Lizzie Pearson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 2

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Briarlea ~~Cotton Plant~~ Ark DATE 1-30-1937

19. UNDERTAKER Ellis Funeral Home.
(ADDRESS) 2830 Stoddard St.

20. FILED JAN 30 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1937, to Jan. 28, 1937

I last saw her alive on Jan. 28, 1937 Death is said to have occurred on the date stated above, at 12:45 p. m.

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

	Date of onset
Primary Carcinoma of Breast	1-25-37

50

Other contributory causes of importance:
Metastases to Lungs

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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. M. Walker Jr., M. D.
(Address) 2945 Lawton Ave.

N. B.—Every item of information should be carefully supplied. Not sufficient to state "Unknown" or "None" or "Not applicable." Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Und, 2560 Emb, 2946