MAR 19 1937

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

Do not use this space.

File No. 5977

Registered No. X

1. PLACE OF DEATH

County: Greene — Registration District No. 325

Township: Cass — Primary Registration District No. 5431

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Cora Cordelia Shelley

(a) Residence, No. R.F.D.2, Walnut Grove St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	2	2	

OCCUPATION

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

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) Feb. 15, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Missouri

FATHER

13. NAME Charles W. Haynie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co., Missouri

MOTHER

15. MAIDEN NAME Viola Stalker

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

17. INFORMANT (ADDRESS) C. W. Haynie, Willard, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Springs Cem DATE Feb. 28, 1937

19. UNDERTAKER (ADDRESS) R. L. Greenwade Und. Co, Willard, Missouri

20. FILED Feb. 23, 1937 Etta B. McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/18/, 1937, to 2/27, 1937

I last saw her alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 12:10 A.M.

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

	Date of onset
Cardiac Failure.	
following acute lobar	
Pneumonia.	
Other contributory causes of importance:	
Influenza.	

Name of operation None. Date of None.

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? No.

If so, specify No.

(Signed) Charles H. McHaffie, M. D.

(Address) Ash Grove, Missouri.

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.

TOI