

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township
City Jeff City, Mo (No. _____)

Registration District No. 213Primary Registration District No. 3014

File No. 16131
Registered No. 152
St. _____ Ward _____

2. FULL NAME

Thomas Frank Shackelford

(a) Residence, No. 4917 E Miller 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

Laura Shackelford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 7 13

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

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) Miller Co.

13. NAME Tom Shackelford

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Laura Shackelford
417 E. Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE New City Semetary DATE April 25, 1937

19. UNDERTAKER (ADDRESS) Dawson & Tanner
702 Jeff St.

20. FILED 4/26/37 Dr. Fred J. McD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
did not see _____, 19____, to _____, 19____. Death is said to have occurred on the date stated above, at 3 p. m.

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

Gun Shot Wound
Through right nipple
penetrating body.
Suicide

Other contributory causes of importance:

None. 167

Name of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4-23, 1937

Where did injury occur? at home 417 E. Miller
Jefferson City, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot through with aNature of injury pistol through R Breast24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Frank J. Nichols, Coroner, M. D.(Address) Centertown, Cole County, Mo.

