

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Miller*
Township *Clay*
City *Brunley* (No.)

Registration District No. *565*
Primary Registration District No. *5761a*

File No. *20697*
Registered No. *86*
St. Ward)

2. FULL NAME

Nancy Ann Shelton
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/30 - 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John B. Shelton*

22. I HEREBY CERTIFY, That I attended deceased from *3/16* 19*37* to *3/30* 19*37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 16 - 1868*

I last saw her alive on *3/30* 19*37*. Death is said to have occurred on the date stated above, at *7:20 p.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farm*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. *Life*

Chronic Myocarditis 1930
Spondylitis Deformans 1921
Other contributory causes of importance: *None*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iberia, Mo.*

Name of operation *none* Date of
What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

13. NAME *Daniel Meredith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Candem, Cal. Mo.*

15. MAIDEN NAME *Mary Pemberton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *John B. Shelton Brunley, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Watkins, Mo.* DATE *Apr. 1 - 1937*

19. UNDERTAKER (ADDRESS) *C. L. Gary Iberia*

20. FILED *June 9, 1937* *CR Hawkins* Registrar.

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 *3*
Nature of injury *3*
24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify
(Signed) *Myron D. Jones*
(Address) *Brunley, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a date or reference number, located in the upper left quadrant.

Handwritten text, possibly a name or title, located in the center-left area.

Handwritten text, possibly a single character or short word, located in the center.

Handwritten text, possibly a small mark or character, located in the upper right area.

Handwritten text, possibly a signature or date, located in the bottom right corner.