

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

Do not use this space.

SEP 17 1937

1. PLACE OF DEATH

39 County Greene Registration District No. 317
 2 Township Republic Primary Registration District No. 4192
 2 City Republic No. _____ St. _____ Ward _____

File No. **30661**

2. FULL NAME

Rosanna Shelton

(a) Residence, No. Republic, Mo. 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)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1852

7. AGE YEARS 84 MONTHS 11 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Frank Griffin

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

MOTHER 15. MAIDEN NAME Rebecca Griffin (Anderson)

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

17. INFORMANT (ADDRESS) Brookville, Mo. Josie Stewart

18. BURIAL, CREMATION, OR REMOVAL PLACE Osleware Cem. DATE Aug. 31, 1937

19. UNDERTAKER (ADDRESS) R. L. Thurman & Co. Republic, Mo.

20. FILED Aug. 6, 1937 Mrs. Bertha Nance Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 - 1937 to Aug 1 - 1937.
 Last saw him alive on Aug 1 - 1937. Death is said to have occurred on the date stated above, at 7 P.M.

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

arteriosclerosis of the heart

Other contributory causes of importance: as above

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) M. G. Ferberich, M. D.

(Address) Republic, Mo.

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.

