

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

Do not use this space.

711

2935

1. PLACE OF DEATH
 County Howell Registration District No. 384
 Township West Plains Primary Registration District No. 4227 File No. 2935
 City West Plains (No. Christie Pagan Hospital) Registered No. _____
 2. FULL NAME Samuel L. Shelley 400 Ward. _____
 (a) Residence, No. Rt. 1, West Plains, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 2 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 Naomi Martin Shelley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1884
 7. AGE YEARS 53 MONTHS 5 DAYS 21 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & farmer
 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) Kentucky
 13. NAME John Wesley Shelley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 15. MAIDEN NAME Mary Bibee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
 17. INFORMANT (ADDRESS) Boone Shelley
Birch Tree, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Birch Tree, Mo. DATE Jan 1938
 19. UNDERTAKER (ADDRESS) John Duncan
Mountain View, Mo.
 20. FILED 1-11 1938 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Jan. 11, 1938
 I last saw him alive on Jan. 11, 1938 Death is said to have occurred on the date stated above, at 8A m.
 The principal cause of death and related causes of importance were as follows:
General Peritonitis Date of onset 1/9/38
1917
 Other contributory causes of importance
Ruptured Colon
 Name of operation Heparectomy Date of 1/10/38
 What test confirmed diagnosis? operation Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 1/9/38
 Where did injury occur? Howell Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
At home
 Manner of injury Internal injuries
 Nature of injury Ruptured Colon
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Carpenter timber frame on job
 (Signed) West Plains, Mo. M. D.
 (Address) West Plains, Mo.

RECEIVED

FEB 24 1938

**BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH**

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2935
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township Primary Registration District No. 4227 Registered No.
(c) City West Plains (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Samuel L. Shelley St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5- 21

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE BIRCH Tree Me DATE 1-12 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-11 1938 Vida W SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1938

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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) R. G. Hogan M. D.

(Address) West Plains Mo

1938
S-2835