

JUL 8 1939

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

23069
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Ray Registration District No. 743
 (b) Township Fishing River Primary Registration District No. 6237
 (c) City _____ (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.
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 2. PRINT FULL NAME Francis Marion Shelton
 (a) Residence, No. _____ 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 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 Martha Jane Shelton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-18-1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 9 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Ray Co Mo 0
 FATHER 13. NAME Ruben Shelton 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo 0
 MOTHER 15. MAIDEN NAME Ann Worthington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
 17. INFORMANT Ruben Shelton
 (ADDRESS) Rayville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pisgah Cem DATE 6/25 1939
 19. FUNERAL DIRECTOR C. W. Gibson
 (ADDRESS) Prick Mo
 20. FILED 6/26 1939 W. Campbell, MD
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5-14 to 6-24 1939
 I last saw him alive on 6-22 1939 Death is said to have occurred on the date stated above, at 12:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 30 yrs
92C
 Other contributory causes of importance:
Cystitis
arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? physical findings 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 _____ (Signed) Samuel Rea M., President M. D.
 (Address) Exeter spg Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by C. V. Gibson, Registered Apprentice No. 157
working under my personal supervision.

Signed C. V. Gibson
Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)