Dr E E Freind.

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

44312
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps 2 Registration District No. 678
(b) Township St. James Primary Registration District No. 5904 Registered No.
or
(c) City St. James (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.
4.35

2. PRINT FULL NAME (Stillborn) Shelton (Son)
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-39

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or min.
	0	0	0	

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) St. James, Mo.
(STATE OR COUNTRY)

FATHER
13. NAME Stephen M. Shelton
14. BIRTHPLACE (CITY OR TOWN) Bennetville, S.C.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Sarah Margaret Hamer
16. BIRTHPLACE (CITY OR TOWN) Marlboro County,
(STATE OR COUNTRY) S.C.

17. INFORMANT S. M. Shelton
(ADDRESS) Rolla, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Rolla, Mo. DATE 9/17, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. Harry McCoul
(ADDRESS) Rolla, Mo.

20. FILED 1-1, 1940 Elsie B. Houk
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1939, to 9-16, 1939
I last saw h alive on, 19. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

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) E. E. Freind, M. D.
(Address) Rolla Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~.....

....., ~~Registered Apprentice No.~~.....

~~working under my personal supervision.~~

RECEIVED
District Health Officer No. 5,
District File Number 14069
Date Filed 11040

Signed R. J. McCann

Licensed Embalmer No. 3953

P. O. Address Rolla, Mo.

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

If this body is not embalmed, above space should be left blank.