MAY 25 1934

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

Do not use this space.

74

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.

1. PLACE OF DEATH
County Nodaway
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 627
Primary Registration District No. 0829

File No. 13718
Registered No. .....

2. FULL NAME Wm A Shelman

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Hillsboro
(STATE OR COUNTRY) Iowa 2

FATHER
13. NAME Adam Shelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER
15. MAIDEN NAME Sarah Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Iowa 2

17. INFORMANT Mrs Blanch Shelman
(ADDRESS) Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE White Oak Cemetery DATE Apr 4th 19 34

19. UNDERTAKER Price Funeral Home
(ADDRESS) Maryville, Mo.

20. FILED Apr 4 19 34 Mrs. M. C. Smith Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th 1932 to Apr 2nd 1934
I last saw h. alive on Mar 28th 1934. Death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	
82 A	
97	

Other contributory causes of importance:
Cerebral Hemorrage

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) Eugene L. Crowson M. D.
(Address) Pickering Mo