

1 PLACE OF DEATH

County MitchellburgVot. Pot. N. Boggs

Inc. Town

City

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1093Primary Registration District No. 6834

(No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. _____

Registered No. _____

2 FULL NAME Forest Ray Shelton

(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 male4 COLOR OR RACE white5 Single Single
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of Single6 DATE OF BIRTH Jan 2 1926

(Month)

(Day)

(Year)

7 AGE

_____ yrs. _____ mos. _____ ds.

IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) Mitchellburg
(State or country)

PARENTS

10 NAME OF FATHER Ray Shelton11 BIRTHPLACE OF FATHER (city or town) Mitchellburg
(State or country)12 MAIDEN NAME OF MOTHER Maud Vincent13 BIRTHPLACE OF MOTHER (city or town) Mitchellburg
(State or country)

14

(Informant) Ray Shelton(Address) Greenville P. 1Filed 6/17/27C. C. Whipple
M. B. McDonald Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 9 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 29, 1927, to June 8, 1927, that I last saw him alive on June 8, 1927.and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:Ileocolitis (Septic)(Duration) _____ yrs. _____ mos. 9 ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. C. Woodburn, M. D.(Address) Greenville 149

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Vincent B. A.June 10 1927

20 UNDERTAKER

M. B. McDonald

ADDRESS

Greenville 149Woodburn

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. See instructions on back of certificate.

KANSAS DIVISION OF HEALTH