

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

Do not use this space.

20563

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Hannas City, Mo.

Registration District No. 399  
Primary Registration District No. 1907  
City Washington

File No. 1-2494  
Registered No. 2494  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Lees Summit, Mo.  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. \_\_\_\_\_ da. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Chevensville  
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER J. H. Shrout

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Henelle Richards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Jennie Shrout  
(Address) Lees Summit, Mo.

15. FILED 6-28-28 M. M. Croive  
REGISTRAR Asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 12 noon May 31, 1928, to 7 noon, 1928 that I last saw alive on July 3, 1928, and that death occurred, on the date stated above, at noon.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
CONTRIBUTORY chronic Endocarditis  
(SECONDARY) two  
(duration) two yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
OF NOT AT PLACE OF DEATH? Lees Summit, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) L. M. Plummer, M. D.

(Address) 1119 Washington St. K.C. Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lees Summit, Mo. DATE OF BURIAL 6-5 1928

20. UNDERTAKER W. H. Newcome's Sons ADDRESS A. C. Mo.

X. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

12<sup>th</sup> Washington

via 1114 =

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