

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.

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

Do not use this space.

14703

399

1. PLACE OF DEATH

County Jackson Registration District No. 1002  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. St. Luke's Hospital)

File No. 1748  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Charles James Shuttleworth

(a) Residence No. 426 East 55th St. 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>10</u>	<u>16</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Chas. T. Shuttleworth

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT C. W. Glass  
(Address) 426 East 55th St

15. FILED 4/12 29 M. M. Browne REGISTRAR  
assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 19 29

17. I HEREBY CERTIFY. That I attended deceased from Feb 20, 1929 to Apr 11, 1929 that I last saw h. alive on Apr 11, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Military Tuberculosis

(MILITARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis (duration) 1 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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) H. B. Baughman, M. D.  
4/12 1929 (Address) 724 Bielle Bldg.

\*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 Philadelphia, Penna DATE OF BURIAL April 17 19 29

20. UNDERTAKER Stone & McClure ADDRESS 3235 Gillham  
Olaga

2-21-28

THE UNIVERSITY OF CHICAGO LIBRARY

UNIVERSITY OF CHICAGO LIBRARY

Faint, mostly illegible text covering the majority of the page, possibly bleed-through from the reverse side.