

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

Do not use this space.

27182

**1. PLACE OF DEATH**

County..... Registration District No. 191  
 Township St. Louis, Mo. Priority Registration District No. 103  
 City St. Louis, Mo. No. St. Louis Mat. Hosp. File No. 8504  
 St. \_\_\_\_\_ Ward \_\_\_\_\_ Registered No. \_\_\_\_\_

**2. FULL NAME**

Infant Shannon  
 (a) Residence. No. 3848 Cook Ave, St. 11 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-13-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Silas Shannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Urbana, Miss.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Lanford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marshburg, Tenn.  
 (STATE OR COUNTRY)

14. INFORMANT Silas Shannon  
 (Address) 3848 Cook Ave

15. AUG -6 1931 Wm. C. Starker  
 FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-13-1931, to 7-14-1931, and that I last saw him alive on 7-14-1931, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 4P.

Premature  
159 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Y

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_  
 (Signed) St. Louis Mat. Hosp. H. D.  
 , 19 (Address) St. Louis Mat. Hosp.

\*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 Washington University DATE OF BURIAL 7-14-1931

20. UNDERTAKER West's Pathology ADDRESS assigned as Specimens

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.

