

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

Do not use this space.

**19684**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3517 Main Street)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_  
St. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2395  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sanoma I. Schell  
(a) Residence, No. 3517 Main St., 5 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>2</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Court

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cann

13. NAME Christopher C. Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

15. MAIDEN NAME Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT Mrs. E. E. Shaw

(ADDRESS) McPherson Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Washington DATE June 8 1933

19. UNDERTAKER Stine - McPherson

(ADDRESS) McPherson Kans

20. FILED June 8 1933 M. M. Cronin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1933 to June 3 1933.  
I last saw him/her alive on June 3 1933. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Tongue  
Secondary  
lymphomatosis  
of neck.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Edmund Bryn Hall, M. D.

(Address) 902 Professional Bldg  
KC Mo

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.

