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.

REC'D SEP 13 1938

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

Do not use this space.
28091

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3402
City Kansas City (No. 6423 E. 12 Terr. St. Ward)

2. FULL NAME Abraham William Shank 520
(a) Residence, No. 6423 E. 12 Terr St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Shank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19, 1858

7. AGE: 80 YEARS — MONTHS: 6 — DAYS: 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisonburg Va.

FATHER
13. NAME: George Shank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Sarah Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Mrs Ollie Johnson 6423 East 12th Terr

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Norborne Mo. DATE: 8-27-38, 19

19. UNDERTAKER (ADDRESS): Sheehan Funeral Home 4316 Troost

20. FILED: Aug 28, 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1938, to Aug 28, 1938
I last saw him alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:
Auricular Fibrillation
Myocardial Decompensation

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Paul A. G. Johnson, M. D.
(Address) 920 Newton Ave