

1928

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

Do not use this space.

22921

1. PLACE OF DEATH

County Barney
Township Ashcroft
City (No. _____) _____ St. _____ Ward _____

Registration District No. 37
Primary Registration District No. 6241

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence No. Washburn Ave 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Wm. Henry Shannon

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

May 5th 1863

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>	<u>1</u>	<u>27</u>	

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)

Leavenworth Ky
(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. H. Shannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Leavenworth Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Martha Andrews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ky
(STATE OR COUNTRY)

14. INFORMANT (Address)

J. G. Newman
Leavenworth, Mo

15. FILED _____ 19 _____

J. S. Fisher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7. 2 - 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on April 10, 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
9 P.M.
97
90
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. G. Newman M. D.

, 19 _____ (Address) Leavenworth, 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 DATE OF BURIAL

Washburn Prairie 7-4-1928

20. UNDERTAKER ADDRESS

Barth Blankenship Leavenworth, Mo

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.

