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

Dr L M West

Do not use this space.

36252

File No.

Registered No. 1

1. PLACE OF DEATH
County Barry
Township Capps Creek
City (No. St. Ward)
Registration District No. 608 30
Primary Registration District No. 3041

2. FULL NAME Elizabeth Ellen Shannon
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Freeman Shannon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 1860
7. AGE Years 69 Months 9 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Avilla
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George W. Duff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Avilla
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Kitty Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Avilla
(STATE OR COUNTRY) Mo

14. INFORMANT Ben H. Shannon
(Address) Pioneer
15. FILED 19 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4th 1929
17. I HEREBY CERTIFY, That I attended deceased from July 14 to July 27 19 29, to July 2nd 19 29 that I last saw h alive on July 2nd 19 29 and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage Stomach Trouble and Old age
118C
162
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Blood and Stomach Trouble
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Pioneer Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? 48 years in Practice
(Signed) P L Fikeland M. D.
, 19 (Address) Pioneer 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 Munsey Chapel
DATE OF BURIAL Nov 6 1929
20. UNDERTAKER Wm Dessell
ADDRESS Peoria City 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Barry — Registration District No.: 30 — File No.:

Township: Capps Creek — Primary Registration District No.: 5041 — Registered No.: 78

City: (No. St. Ward)

2. FULL NAME Elizabeth Ellen Shannon

(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20-1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	9	14	

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

9. BIRTHPLACE (CITY OR TOWN) Avilla
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George W. Duff
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Avilla Mo.
12. MAIDEN NAME OF MOTHER Kitty Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Avilla Mo

14. INFORMANT Ben H. Shannon
(Address) Pioneer

15. FILED 12-4 19 29 W M West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Last to July 29 to July 2 1929 that I last saw h alive on July 1 1929 and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Stomach trouble and old age
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) She had stomach trouble a number of years
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Pioneer Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. L. Freeland, M. D.
19 (Address) Pioneer 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
Murray Chapel	Nov 6 1929
20. UNDERTAKER	**ADDRESS**
Wm Russell	Pierce City Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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