

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

46331

1. PLACE OF DEATH

County Jackson Registration District No. 33 File No. _____
 Township Now Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. Sweeney Hospital) St. _____ Ward _____

2. FULL NAME

Marvin Eugene Shook St. _____ Ward _____ Seville Ohio
 (a) Residence. No. _____ (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 5, 1902</u>		
7. AGE <u>16</u>	YEARS <u>5</u>	MONTHS <u>9</u>
DAYS <u>9</u>		If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
 (b) General nature of industry, business, or establishment in which employed (or employer) Sweeney Auto School
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Seville, Ohio

10. NAME OF FATHER

Geo Eugene Shook

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Ellaeda Chapman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Medina Co Ohio

14. INFORMANT

(Address) Geo Eugene Shook

15. FILED

10/14 1918 Edna Brown REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1918
 17. I HEREBY CERTIFY That I attended deceased from Dec 8, 1918, to Dec 14, 1918 that I last saw him alive on 12 5 18, 1918, and that death occurred on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11 10 18 (duration) yrs. mos. ds. 7
 CONTRIBUTOR Common & Pertussis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Geo A Spangley, M. D.
12/14, 1918 (Address) 617 Republic Bank Bldg
 *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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Seville Ohio DATE OF BURIAL 12/14 1918

20. UNDERTAKER Eylan Bros. ADDRESS 1401 Main

Dec 9 amb,

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.

