

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

Do not use this space.

20933

**1. PLACE OF DEATH**

County Jackson  
Township Bar  
City Kansas City (No. 3817 & 23rd St)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 2817  
St. .... Ward

**2. FULL NAME**

Vesta Winifred Shambaugh

(a) Residence. No. 3817 & 23rd St., 14 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
6 7 8

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ben F. Shambaugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Anna P. Sheddell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) .....

14. INFORMANT Ben F. Shambaugh  
(Address) 3817 C 23rd

15. FILED 7/1, 1928 M. S. Crowe REGISTRAR  
Acce

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1928  
17. I HEREBY CERTIFY, That I attended deceased from June 21, 1928, 1928, to June 29, 1928 that I last saw him alive on June 27, 1928 and that death occurred, on the date stated above, at 5:25 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Degeneration  
932  
506 E  
911 B

CONTRIBUTORY (SECONDARY) Act. Rheumatic Arthritis  
Cardiosclerosis  
(duration) yrs. mos. 7 da.  
(duration) yrs. mos. 29 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. Coffey, M.D.  
(Address) 874 Reals 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL 7/2/1928

20. UNDERTAKER The Freeman Mortuary ADDRESS 104 W. 42

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.

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