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

Do not use this space.

File No. 27493
Registered No. [illegible]

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Raw — Primary Registration District No.: 1002
City: Kansas City (No.) 3324 Montgall St. (Ward)

2. FULL NAME: Addie Lois Shockey
(a) Residence. No. 3324 Montgall St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Eliot L. Shockey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 10 1867

7. AGE: Years 61 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): [illegible]
(STATE OR COUNTRY): [illegible]

PARENTS
10. NAME OF FATHER: Charles M. Thayer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): N. Y.
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Annie Appleton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): [illegible]
(STATE OR COUNTRY):

14. INFORMANT: Eli L. Shockey
(Address): 3324 Montgall

15. FILED: 8/27, 1928 M. M. Crowe
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 26th, 1928

17. I HEREBY CERTIFY, That I attended deceased from March, 1928, to Aug 26, 1928, that I last saw h. alive on Aug 26, 1928, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia 139B
Cerebrovascular Disease 131
Uremic Convulsions 132A
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. 14 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Date Mch. 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinary Analysis
(Signed) B. T. Thorp, M. D.
8/27, 1928 (Address) 636 Argyle 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 Washington — DATE OF BURIAL: Aug 28 1928
20. UNDERTAKER: Mrs. C. L. Fowler — ADDRESS: Kansas City Mo

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.

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Dr. Ben [illegible]
of 636 argyle W 4930
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