

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

Do not use this space.

33521

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 4060
 Township Jackson Primary Registration District No. 1002 Registered No. 4060
 City Jackson City (No. St. Marys Hospital) St. Jackson Ward 10

2. FULL NAME Florence Louise Shannon
 (a) Residence No. 435 Spruce St. 10 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13-1896

7. AGE YEARS 32 MONTHS 6 DAYS 21 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) (STATE OR COUNTRY) Philadelphia Pa

10. NAME OF FATHER Gafferty

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) F. Shannon 435 Spruce

15. FILED 10-28-28 M. G. Connor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 4 1928

17. I HEREBY CERTIFY That I attended deceased from January 10 1923 to Oct 4 1928 that I last saw her alive on Oct 4 1928, and that death occurred, on the date stated above, at 8:12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute cardiac dilatation
9 1/2 hrs
9:00 P.M. (duration) yrs. mos. da. 5
 CONTRIBUTORY pulmonary stasis
12 hr (duration) yrs. mos. da. 5

18. WHERE WAS DISEASE CONTRACTED Kansas City MO
 IF NOT AT PLACE OF DEATH Yes DATE OF 9-18-28
 DID AN OPERATION PRECEDE DEATH Yes
 WAS THERE AN AUTOPSY Yes
 WHAT TEST CONFIRMED DIAGNOSIS autopsy findings
 (Signed) M. J. Oberweis M. D.
 10/4/28 (Address) 818 Keokuk 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 St. Marys DATE OF BURIAL 10/8/28

20. UNDERTAKER F. C. Donnell Co ADDRESS 374 1/2 Main

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

