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

Do not use this space.
1909

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas — Primary Registration District No. 1002
City Kansas City (No. 28 East Concord St. Ward)
File No. 5502
Registered No.

2. FULL NAME Miss Nancy O'Shea
(a) Residence. No. 28 East Concord St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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	wh	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	4	

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

9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Edmond Shea
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Prudence Eggleston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Mrs J. O'Shea
(Address) 28 East Concord

15. FILED 1-31-29 M McCarve Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/29/29 19

17. I HEREBY CERTIFY, That I attended deceased from 1-25-29, 19..., to 1-29-29, 19..., that I last saw h. alive on 1-28-29, 19..., and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Concussion
with Lacerated Scalp
(duration) yrs. 10 mos. ds.
CONTRIBUTORY (SECONDARY) Had a series of falls Causing
Concussion (duration) 1 yrs. mos. ds.
Accidental

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? Clinical Autopsy
(Signed) J. C. Burke, M.D.
1031 E. 1929 (Address) 410 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	DATE OF BURIAL
St Marys Cem	2/1/29 19
20. UNDERTAKER W. F. Mayberry Co.	ADDRESS Kans 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.

T. S. Burke