

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

Do not use this space.

37848

**1. PLACE OF DEATH**

69 County Monroe

Registration District No. 581

Township \_\_\_\_\_

Primary Registration District No. 4343

4 City Monroe City (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 15-

St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME John Charles Shank

(a) Residence No. 300 2nd St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Ellen Shank</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>December 12-1858</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>10</u>	<u>24</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired about 1 yr.</u>				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) Gerran  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Jackson Shank

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Don't know

14. INFORMANT W. J. Shank  
(Address) Monroe City Mo.

15. FILED 11/7 1929 O.W. Wilson  
Deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1927 to Nov 6, 1929  
that I last saw him alive on Nov 7, 1929, and that death occurred, on the date stated above, at 2- P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Stokes-Adams disease

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Myocarditis  
(duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Physiographic  
(Signed) John H. White M.D.  
11/7 1929 (Address) Monroe City Mo

\*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 Monroe  
St. Andrew Cemetery City DATE OF BURIAL Nov 8 1929

20. UNDERTAKER Wilson + Son Monroe City Mo. ADDRESS \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.

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4  
2  
2  
31

