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

85

Do not use this space.

39810

File No.

Registered No. 1491

1. PLACE OF DEATH
County: Buchanan — Registration District No.
Township — Primary Registration District No. 1001
City: St Joseph (No. State Hospital #2. St. Ward)

2. FULL NAME James C. Shuck (James C. Shuck)
(a) Residence. No. State Hosp #2 St., Hosp Ward. Kansas City, Ks.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 6 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)
male	white	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
About	72		Unknown	

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

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): W Virginia

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: State Hosp records
(Address): St Joseph Mo

15. FILED 12/29 1929 John G. Ut
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 29 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Dec 29, 1929, that I last saw him alive on Dec 29, 1929, and that death occurred, on the date stated above, at 5:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Exhaustion
99
114 (duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) 2 yrs. mos. ds.

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
(Signed) D G Dunne, M. D.
12-29, 1929 (Address) State Hosp St Joseph

*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: Kansas City, Kansas
DATE OF BURIAL: Dec, 30, 1929

20. UNDERTAKER: Walter McCuhoffer
ADDRESS: 1302 Faraon St.

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 important.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.