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

Do not use this space.

4913

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. — Registered No. 563
City Kansas City, Mo. (No. U. S. Veterans Hosp. St. Ward)

2. FULL NAME SHANNON, Frank Leslie — C-None — WOE
(a) Residence. No. 707 W 13th St. St. 2 Ward. Pvt. Band 39th US.Vol. Inf.
(Usual place of abode) Kansas City, Missouri. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mae Shannon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	1	14	

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

9. BIRTHPLACE (CITY OR TOWN) Des Moines
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER William Shannon
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Anna Trowbridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York

14. INFORMANT Mrs. Mae Shannon (wife)
(Address) 707 W 13th, Kansas City, Mo.

15. FILED 7/6 1930 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 5 1930

17. I HEREBY CERTIFY, That I attended deceased from January 20, 1930, to February 5, 1930, that I last saw him alive on February 5, 1930, and that death occurred, on the date stated above, at 8:20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul. chr. far advanced C
Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Lab.
(Signed) W. E. Chambers, M. D.
W. E. CHAMBERS, Medical Officer in Charge.
U.S. Hospital, Kansas 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 Forest Hill Cemetery — DATE OF BURIAL 2/7 1930
20. UNDERTAKER Mellody McGilley Funeral Home — ADDRESS 3133 Euclid

SEP 8 1941