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

Do not use this space.

8589

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. [illegible] — Registered No. 954

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME John W. Shank

(a) Residence. No. 1323 Central St., 1 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 4 1858

7. AGE: Years 71 — Months 10 — Days 26 — If LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS

10. NAME OF FATHER: ******Shanks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No record
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record

14. INFORMANT: Wilfred Shanks
(Address) 143 Cypress

15. FILED 3/2, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1930, to Mar 2, 1930 that I last saw him alive on Mar 2 1930, and that death occurred, on the date stated above, at 2:05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
100
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 101 W
(duration) 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & autopsy
(Signed) [illegible], M. D.
Mar 2, 1930 (Address) 1019 [illegible]

*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: Mt. Washington — DATE OF BURIAL: Mar. 4 1930

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.K.

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.

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