

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

Do not use this space.

12661

1588

399

1. PLACE OF DEATH

County Jackson
Township Kass
City Kansas City (No. St. Joseph's Hosp.)

Registration District No. 100
Primary Registration District No. 100

File No. 1588
Registered No. 1588
St. 1588 (Ward)

2. FULL NAME

(a) Residence. No. 20 E Muthrop Rd. St. 1588
(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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter D Shauk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 4 23

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Wm M. Clellan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Lucy Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Walter D. Shauk
(Address) 20 E Muthrop Rd.

15. FILED 4/10, 1930 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1929 1930 that I last saw h. or alive on Apr 9 1930, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute Endocarditis
TIA
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 88 30
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 100 - mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Blood culture
(Signed) Rogers, M. D.
4/10 1930 (Address) 405 Waldheim Bg.

*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 DATE OF BURIAL Apr 11 1930

20. UNDERTAKER L. H. Newcomer's ADDRESS 100 E Muthrop Rd.

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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RECORD

PERMANENT

