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

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.

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

Do not use this space.

16235

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. [illegible]
Township Kaw — Primary Registration District No. — Registered No. 2143
City Kansas City (No. 5110 East 24th St. St. Ward)

2. FULL NAME Mrs Bessie Cole Shields.
(a) Residence. No. 5110 E 24 St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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)
female	white	married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam'l Schofield Shields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55.	5	23	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo.

PARENTS
10. NAME OF FATHER Robt Lacy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) think Ky.
12. MAIDEN NAME OF MOTHER Fracis Davidson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) think mo.

14. INFORMANT Samuel S. Shields (Address) 5110 E. 24th St.

15. FILED 5/19, 1930 M. M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH Sunday

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary sclerosis
131
94B
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED 1390
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M. Hall, M. D.
5/18, 1930 (Address) Deputy Coroner

*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	DATE OF BURIAL
Peculiar Mo	May 20 1930.
20. UNDERTAKER	ADDRESS
Cyclar Funeral Home	R. C. Mo.