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

399

Do not use this space.

22889
2882

File No.
Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 1002
Township Kaw Primary Registration District No.
City Kansas City No. 4620 Charlotte St. Ward)

2. FULL NAME Rachel Lawton Shannon

(a) Residence. No. 4620 Charlotte St., Ward.
(Usual place of abode) (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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF N. S. Shannon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-7-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	0	6	

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

9. BIRTHPLACE (CITY OR TOWN) Indianapolis
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Orrin Lawton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Mary Bentley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT N. S. Shannon
(Address) 4620 Charlotte

15. FILED 7/13, 1930 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 5-28, 1930, to July 12, 1930, that I last saw her alive on July 12, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
7-1A

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)
(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? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. C. Griffith, M. D.
7/13, 1930 (Address) 1225 Rialto Bldg.

*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
Forest Hill Cemetery	7/14 1930
20. UNDERTAKER	ADDRESS
Stine & McClure Co.	Kansas City Mo

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.

5650 High Bar