RCL

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

Do not use this space.

40228

File No. 208

Registered No.

1. PLACE OF DEATH
County Newton
Township
City Neosho (No. , St. Ward)

Registration District No. 609
Primary Registration District No. 4363

2. FULL NAME John Foster Shannon

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 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	Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Cordelia Shannon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	1	X	

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

9. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER A. J. Shannon
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 Emma Shannon
(Address) Neosho Mo

15. FILED 12/20 1930 C. E. Maness REGISTRAR
L. M.

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930, to Dec 12, 1930 that I last saw him alive on Dec 12, 1930, and that death occurred, on the date stated above, at about 10:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died suddenly - He had a mitral heart lesion - (Regurgitation)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial asthma
(duration) 25 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 92 A 112
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R C Lawson, M. D.
12/13, 1930 (Address) Neosho 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~~	DATE OF BURIAL
I.O.O.F. Cemetery	12/15 1930
20. UNDERTAKER Bigham's	ADDRESS Neosho

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.

JAN 21 1931