

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

Do not use this space.

18006

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. St. Joseph's Hospital)

Registration District No. 899  
Primary Registration District No. 1000

File No. \_\_\_\_\_  
Registered No. 2147 (Ward)

**2. FULL NAME**

Thomas Jefferson Shawhan

(a) Residence. No. 338 North Oakley St. 10 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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)**

Married

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

Mrs. Lucretia Shawhan

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

June 9, 1846

**7. AGE**

YEARS 84

MONTHS 11

DAYS 1

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired Farmer

(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**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT Mrs. Lucretia Shawhan  
(Address) 338 North Oakley

**15.**

FILED 7/11 1931 M. M. Corbett  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1931

17. I HEREBY CERTIFY, That I attended deceased from May 15 1931 to May 10 1931, that I last saw him alive on May 10 1931, and that death occurred, on the date stated above, at 3:15 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Metastatic Abscess of Brain  
89-15  
1250

(duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

CONTRIBUTORY Heart Attack April Feb. 1-31  
(SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

89-15  
IF NOT AT PLACE OF DEATH St. Joseph Hospital  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 1-31

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) R. L. Sclais M. D.

May 11 1931 (Address) 5242 St. John

\*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**

Memorial Park

**DATE OF BURIAL**

May 12 1931

**20. UNDERTAKER**

D. W. Newcomer's Sons

**ADDRESS**

2116 E. 9<sup>th</sup> St.

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.

5242 St. John

2-5