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

Do not use this space.
21599
2734

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Geo. H. Nettleton Home St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME: Isabell M. Shannon
(a) Residence. No. Geo. H. Nettleton Home St., 16 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 17, 1850
7. AGE: Years 81 | Months 4 | Days 4 | If LESS than 1 day, ...hrs. or ....min.
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)
(STATE OR COUNTRY): Pennsylvania

PARENTS
10. NAME OF FATHER: Wesley Shannon
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Rebecca Sweeney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Pennsylvania.

14. INFORMANT: U. A. Shannon
(Address): Bonner, Montana
15. FILED: 6/23, 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21, 1931
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 21, 1931, that I last saw her alive on June 20, 1931, and that death occurred, on the date stated above, at 7:40 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute dilitation of heart
(duration) few minutes yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED: GBC
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Harry C. Lapp, M.D.
6/21, 1931 (Address) 1314 Professional 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~~: Elmwood Cemetery
DATE OF BURIAL: 6-23 1931
20. UNDERTAKER: Steed & McClure
ADDRESS: 32-33 Gillham Plaza

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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VI-9336