

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

Do not use this space.

38642

1. PLACE OF DEATH

County Putnam Registration District No. 721
Township Linden Primary Registration District No. 5952
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James 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 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Euphemia Shannon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
75 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal mine
10. Date deceased last worked at this occupation (month and year) Jan 19 20 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

13. NAME Joseph Shannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Madame McCree

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT J. C. Shannon
(ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE With. Ill. DATE Nov 11 31

19. UNDERTAKER Camdock Mue Co
(ADDRESS) Unionville Mo

20. FILED Dec 9 1931 Hayes Barnett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1931, to Nov 9 1931
I last saw him alive on Nov 8 1931 Death is said to have occurred on the date stated above, at 4:50 P.

The principal cause of death and related causes of importance were as follows:

Pyandrial asthma Date of onset Nov 3 31

11v 9 17

Other contributory causes of importance

Atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) J. C. Shannon, M. D.

(Address) Unionville, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 10 1931

