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.

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

Do not use this space.

16259

File No. 2052

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City K. C. Mo (No. Mercy Hosp. St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Shirley McKown

(a) Residence. No. St., X Ward. Liberty Mo.
(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)
F	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	6	24	

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

9. BIRTHPLACE (CITY OR TOWN) Avondale Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. R. McKown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 21
(STATE OR COUNTRY)

14. INFORMANT J. R. McKown
(Address) Liberty Mo.

15. FILED May 22, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-22 1932

17. I HEREBY CERTIFY, That I attended deceased from 9 00 am 5-22, 1932 to 3 00 pm 5/22 1932 that I last saw her alive on 5-22-32 1932, and that death occurred, on the date stated above, at 3 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Acute Inanition~~

10 7 Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Dehydration

10 7 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Athome (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Exam

(Signed) G. K. Campbell, M. D.

5/23, 1932 (Address) 4800 E. 24th St.

*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
Liberty Mo	5-24 1932
20. UNDERTAKER	**ADDRESS**
Marion Hessel	Liberty Mo.