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

Do not use this space.

21797

File No.
Registered No.

1. PLACE OF DEATH
115 County Worth — Registration District No. 1057
Township Green — Primary Registration District No. 6214
City Grant City Mo — St. — Ward

2. FULL NAME ~~Cyrus~~ David 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 77 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male · 4. COLOR OR RACE: White · 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (month, day and year) June 27 1932
5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND of~~ (or) ~~WIFE of~~ Anna F. Shannon	17. I HEREBY CERTIFY, That I attended deceased from May 30 1932, to June 17 1932, that I last saw h— alive on June 17, 1932, and that death occurred, on the date stated above, at — m.
6. DATE OF BIRTH (month, day and year) Apr. 14, 1855	THE CAUSE OF DEATH* WAS AS FOLLOWS: Sarcoma of right femur 537
7. AGE: Years 77 · Months 2 · Days 13 · If LESS than 1 day, — hrs. or — min.	(duration) 1 yrs. — mos. — ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) — (duration) — yrs. — mos. — ds.
9. BIRTHPLACE (city or town) Worth (State or country) Missouri	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
10. NAME OF FATHER John A. Shannon	DID AN OPERATION PRECEDE DEATH? No DATE OF —
11. BIRTHPLACE OF FATHER (city or town) Unknown (State or country)	WAS THERE AN AUTOPSY? No
12. MAIDEN NAME OF MOTHER Elizabeth Watkins	WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
13. BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)	(Signed) S. J. Rees, M. D. , 19 — (Address) Grant City Mo
PARENTS	*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.
14. INFORMANT Oscar Shannon (Address) Parnell, Mo.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oxford, Mo. — DATE OF BURIAL June 28 1932
15. FILED July 9 1932 F. M. Gueck, REGISTRAR	20. UNDERTAKER A. J. Roof & Co. — ADDRESS Parnell 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.

No 27 1932