

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

Do not use this space.

28348

1. PLACE OF DEATH

119 County Worth Registration District No. 1057
 Township Gran Primary Registration District No. 62-14
 City Grant City Mo. (No.) St. Ward)

2. FULL NAME

Mrs. Anna F. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Cyrus Shannon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 10 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Georgetown (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Ed. J. Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN) H. Wayne (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary J. Long

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

14. INFORMANT Frank Black (Address) Grant City, Mo.

15. FILED Sept 10 1932 F. M. Meek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1932

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Aug 7, 1932, and that I last saw her alive on Aug 7, 1932, and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolic - Cardiac

CONTRIBUTORY (SECONDARY) Fractured femur (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH. NO DATE OF

20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physicall findings
 (Signed) F. Ross, M. D.
 , 19 (Address) Grant City

*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 Oxford, Mo. DATE OF BURIAL Aug. 8, 1932

20. UNDERTAKER A. J. Roof & Co. ADDRESS Parnell, Mo.

SEP 27 1932

10/11/1906

10/11/1906

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wath
Township Green
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1057
Primary Registration District No. 6214

File No. _____
Registered No. _____

2. FULL NAME

Anna S. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX f 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w. (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 - 1868

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the _____ above, at _____ m.

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

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

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

Embolism - cardiac
1860
Other contributory causes of importance:
fractured femur 20ds
By Fall

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

Date of onset 14
Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray Was there an autopsy? _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Sept 10 19 32 T. J. On Meek Registrar

SUPPLEMENTARY

CAUTION: DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REG: FRS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-28348