

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

Do not use this space.

31737

1. PLACE OF DEATH

23 County Clark Registration District No. 190
1 Township Kahoka Primary Registration District No. 4113
6 City Kahoka (No. _____) St. _____ Ward _____

File No. _____
Registered No. 41

2. FULL NAME

P. H. Shea
(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 Anna Florence Shea

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 3 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad
(b) General nature of industry, business, or establishment in which employed (or employer) 128
(c) Name of employer C. B. & G.

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

10. NAME OF FATHER Henry Shea

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

12. MAIDEN NAME OF MOTHER Mary E. Harrington

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

14. INFORMANT Henry P. Shea
(Address) Kahoka Mo

15. FILED 10/16/32 J. R. Bridger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Oct. 15, 1932 that I last saw him alive on Oct. 15, 1932, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Myocarditis

Diabetes Mel.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 57

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. R. Bridger M. D.
10/16/32 (Address) Kahoka Mo

*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 Kahoka Mo. DATE OF BURIAL Oct. 18 1932

20. UNDERTAKER Gutting's Used ADDRESS Kahoka

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.

NOV 22 1932

PARENTS

