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

Do not use this space.

✓ 34028

File No. 9378

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis No (No. City Hospital #2 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Anthony Shannon

(a) Residence, No. 3125 Clifton Pl. St. 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 - 10 - 1904

7. AGE: Years 28 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

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. Laborer 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Alec Shannon

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

MOTHER

15. MAIDEN NAME Patsy Lynch

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

17. INFORMANT (ADDRESS) A. Gertrude Gleason City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mathews Mo DATE 10/23 1932

19. UNDERTAKER R. C. Houston Jr.
(ADDRESS) 2812 N. Thomas St. Louis

20. FILED OCT 21 1932 Wm. C. Haeffner Registrar.
OCT 22 1932

MEDICAL CERTIFICATE OF DEATH

(3)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 17, 1932 to 10 - 20, 1932

I last saw h~~e~~ alive on 10 - 20, 1932 Death is said to have occurred on the date stated above, at 5 40 a.m.

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

	Date of onset
25	
121 B	
Acute - Peritoneal Infection	
R Lymph Gland	6 mos

Other contributory causes of importance:

25	

Name of operation Operation Upper Abdomen Date of

What test confirmed diagnosis? Operation 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?
If so, specify

(Signed) Vernon E. Houston, M. D.

(Address) City Hospital #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD