878

MAR 31 1933

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

Do not use this space.

File No. 8285

Registered No. 61

1. PLACE OF DEATH

108 County Dunklin

Township Washington

City Kennett (No. ..... St. ..... Ward)

Registration District No. 875

Primary Registration District No. 6162

2. FULL NAME James Shahan

(a) Residence, No. State Hosp # 3 St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

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) Dec 6, 1882

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME —

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

MOTHER

15. MAIDEN NAME —

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

17. INFORMANT (ADDRESS) Papers.

18. BURIAL, CREMATION, OR REMOVAL State Hospital Cemetery DATE 3-6-33 19

19. UNDERTAKER (ADDRESS) John E. Mahan

20. FILED 3-8-1933 E. P. Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to Feb 28, 1933

I last saw him alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 12:10 A.m.

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

	Date of onset
Bronchopneumonia	
1088	
10	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) Lawrence L. Cooper, M. D.

(Address) Kennett 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.

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

MARGIN RESERVED FOR BINDING

U. S. No. 2

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