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

Do not use this space.

32884

1. PLACE OF DEATH
County Howard. Registration District No. 879 File No.
Township Primary Registration District No. 4223 Registered No.
City Glasgow. Missouri. (No. , St. Ward)

45 4 2

2. FULL NAME Mike Shaughnessy.
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17-1874.
7. AGE YEARS 59 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Pearl Ill

FATHER
13. NAME John Shaughenessy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irland.

MOTHER
15. MAIDEN NAME Pearl Roacky.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irland

17. INFORMANT (ADDRESS) Mrs Clem Delaney. Glasgow Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Cemetary. Glasgow Missouri DATE Oct 10 1933
19. UNDERTAKER (ADDRESS) Tony Hillen. Glasgow Missouri
20. FILED 10/15 1933 Pansy Temple Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1933
22. I HEREBY CERTIFY, That I attended deceased from October 9, 1933, to October 9, 1933
I last saw him alive on October 8, 1933. Death is said to have occurred on the date stated above, at 9:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of glottis	10/8/33
93C 105A	

Other contributory causes of importance:
Ch. myocarditis

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) Carl C. Heger, M. D.
(Address) Glasgow, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 20 1933

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