N 26 1934

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.

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

Do not use this space. 40332

File No. 5142

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME Sam Shonquist
(a) Residence, No. 3617 EAST 27TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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~~ MRS. BELLE SHONQUIST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 4-1875

7. AGE: Years 58 | Months 0 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OIL DRILLER
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) AUGUST-1933
11. Total time (years) spent in this occupation 30

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

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. ELMER V. LARSON
(ADDRESS) 3617 EAST 27TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan 2 33, 19

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Dec 31, 1933 M. McCrone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19...., 19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above at 8:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Diabetes Mellitus	
Gangrene of Right Foot	

Other contributory causes of importance:

Name of operation ....Date of ....
What test confirmed diagnosis? ....Was there an autopsy? yes

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) ....M.D.
(Address) ....