

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.

MAR 24 1934

4929

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3801 Walnut St. St. _____ Ward _____)

File No. 654
 Registered No. _____

2. FULL NAME George B. Shell

(a) Residence, No. 3801 Walnut St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 24 yrs. mos. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs. Mary A. Shell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 5 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
 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) Missouri
 13. NAME Dont Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs. Mary A. Shell
 (ADDRESS) 3801 Walnut St. K. C. Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE 2/12/34 19

19. UNDERTAKER Freeman Mortuary
 (ADDRESS) Kansas City, Missouri
 20. FILED Feb 10 1934 Wm. Crow
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/34, 1934

22. I HEREBY CERTIFY that I attended deceased from Dec. 28 1933 to Feb 9 1934
 I last saw him alive on Feb 9 1934 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
62.78
100

Other contributory causes of importance:
Senility

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

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 Franklin P. Wadsworth, M.D.
 (Signed) _____ (Address) 1005 Grand K. C. Mo.

Dr. Wakefield
Lathrop Valley
2 to 4:30