OCT 18 1934

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

Do not use this space.

34897

1. PLACE OF DEATH
County Saline
Township Marshall
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. .....
Registered No. 140

2. FULL NAME Adam R. Shank
(a) Residence, No. R.F.D. Marshall St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jackson Co. Ohio

FATHER
13. NAME Joseph Shank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

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

17. INFORMANT Mrs Grace E. Crump
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Sept. 30, 1934

19. UNDERTAKER R.W. Campbell
(ADDRESS) Marshall, Mo.

20. FILED 9/29, 1934 Helen Hunter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest to, to Sept. 28, 1934
I ~~last saw him~~ alive on ....., 19..... Death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis Autopsy 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) C. L. Lawliss Corner, M. D.
(Address) Marshall 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.