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.

APR 26 1935

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

Do not use this space.

9348

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 8002 — Registered No. 1233

City Kansas City (No. 2538 Charlotte, rear St. Ward)

2. FULL NAME John Shad, Jr.

(a) Residence, No. 2538 Charlotte, rear St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1935

7. AGE: YEARS 0 — MONTHS ~~2~~ 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Kansas City, Mo.

FATHER

13. NAME: John Shad Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winnepeg Canada

MOTHER

15. MAIDEN NAME: Edith Murray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hays, Ks.

17. INFORMANT (ADDRESS): Mr. John Shad Sr. KC. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cavalry Cem. DATE: 3/25/35. 19

19. UNDERTAKER (ADDRESS): H. TIGERMAN & SONS KC. MO.

20. FILED 3/25, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/24/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Dyanty Cyanosis 19 ..., 19

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at ... m.

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

Status thymicolymphaticus — Date of onset

Other contributory causes of importance: no

Name of operation: Calopsy — 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

(Signed) ..., M. D.

(Address)