

24 1935

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

Do not use this space.

16415

1. PLACE OF DEATH

County Jackson
Township Kew
City Kansas City, Mo. (No. 527 Marsh)

Registration District No. 300
Primary Registration District No. 2002

File No. 1017
Registered No. _____
St. _____ Ward) _____

2. FULL NAME Shell Honey

(a) Residence, No. 527 Marsh 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ennen Honey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 27 16

OCCUPATION 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.
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) Tenn.

FATHER 13. NAME John Honey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Lydia Breadon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Clyde Honey
527 Marsh, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland, Mo. DATE May 7-35 19.

19. UNDERTAKER (ADDRESS) C.H. Blackman & Son, Inc.
2825 Indep. Blvd. K.C. Mo.

20. FILED 5-6 1935 M.M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4-35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 to May 4 1935

I last saw him alive on May 4 1935 Death is said to have occurred on the date stated above, at 11:40 PM

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

Cerebral Hemorrhage
Chronic Nephritis
Heart Disease
Date of onset 4/28/35

Other contributory causes of importance:

Systemic arteriosclerosis
Chronic glomerulonephritis
Ch. Myocarditis - Decompensation

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy 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) D.D. Edwards, M. D.

(Address) 4800 E. 24th St.

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.

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