

23 1936

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

Do not use this space.

39679

1. PLACE OF DEATH

County Jackson Registration District No. 1000
Township 10th Primary Registration District No. 1000
City Kansas City (No. St. Marys' Hospital)

File No. 1000
Registered No. 1000 St. Ward

2. FULL NAME Rev. John P. Shaw, C.S.S.R.

(a) Residence, No. 3333 Broadway 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 17

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Catholic Priest

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) Lyndhurst, New Jersey

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 12/21/35

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 1/20 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1935 to Dec 19, 1935
I last saw h. u. r. alive on 18 Dec, 1935. Death is said to have occurred on the date stated above, at 8:09 m.

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

Chronic Interstitial Myocarditis
Diabetes
Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Mastoidectomy Date of Dec 3 1935
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) A. N. Attorney M. D.
(Address) 1400 1/2 1st St

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.

31
31

SECRET
CONFIDENTIAL

SECRET

SECRET

SECRET