

202 33 1935

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

Do not use this space.

39680

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 36

Primary Registration District No. 5331 Highland

File No. _____

Registered No. _____

St. 4364 Ward _____

2. FULL NAME Michael Shine

(a) Residence, No. 5331 Highland
(Usual place of abode)

St. _____ Ward _____

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. (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 OF (OR) WIFE OF Mrs. Margaret Shine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1862

7. AGE YEARS 73 MONTHS 0 DAYS _____ if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner Blacksmith

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) Ireland

13. NAME Michael Shine

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) Paul Shine 17545 27th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 12/23/35 19.

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

20. FILED 12/20 1935 M M Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1935 to Dec 20 1935

I last saw him alive on Dec 18 1935 Death is said

to have occurred on the date stated above, at 2:15 p.m.

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

Robert Pneumonia
50 Days
100
9 Days

Date of onset _____

Other contributory causes of importance:

White Cold
9 Days

Name of operation _____ Date of _____

What test confirmed diagnosis Observation 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? _____

If so, specify _____

(Signed) Paul J. Burke M. D.

(Address) 1402 Bryant Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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