MAR 17 1936

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

Do not use this space.

5197

1. PLACE OF DEATH
County: Cooper
Township: Clarks Fork
City: (No. , St. Ward)

Registration District No. 226
Primary Registration District No. 5307

File No. 19
Registered No. 19

2. FULL NAME: Robert A Shannon

(a) Residence, No. 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: Anna Shannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26 1880

7. AGE — YEARS: 55 MONTHS: 9 DAYS: 12 If LESS than 1 day, hrs. or min.

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.: On Farm.
10. Date deceased last worked at this occupation (month and year): Feb 1st 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo.

FATHER

13. NAME: E. B. Shannon.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo

MOTHER

15. MAIDEN NAME: Mary Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo

17. INFORMANT (ADDRESS): Mrs R. A. Shannon. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove Church Cem DATE: Feb 9th 1936

19. UNDERTAKER (ADDRESS): Goodman & Bailey Boonville Mo.

20. FILED Feb. 11 1936 J. H. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936, to Feb 7 1936

I last saw him alive on Feb 7 1936. Death is said to have occurred on the date stated above, at 4:35 P. m.

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

	Date of onset
Lobar Pneumonia	2-2-36

Other contributory causes of importance: none

Name of operation: none Date of:

What test confirmed diagnosis? Clinical 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) T. C. Beckett, M. D.
(Address) Boonville, 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.