

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 1 1936

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

Do not use this space.

791

13325

1. PLACE OF DEATH

County 3937 Cook Ave.
Township
City St. Louis, Mo. (No.)

Registration District No.
Primary Registration District No. 1003

File No.
Registered No. 3422
St. Ward

2. FULL NAME

Clay Shannon

(a) Residence, No. 3989 Cook Ave. St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX mal 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to March 25, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw h. alive on March 22, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

7. AGE YEARS abt 47 MONTHS 7 DAYS .. If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (month and year) March 20, 1936
11. Total time (years) spent in this occupation. 3 mo.

chronic myocarditis
cardiac asthma

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt, Miss.

Other contributory causes of importance:
9/28

13. NAME Jessie Shannon

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt, Miss.

What test confirmed diagnosis? clin. Was there an autopsy? no

15. MAIDEN NAME Jessie Cox

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Alice Shannon
3937 Cook Ave.

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE March 31, 1936

Nature of injury.....

19. UNDERTAKER (ADDRESS) Adams Undertaking Co.
308 1936 Windsor Pl.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

20. FILED MAR 30 1936 Registrar J. Brebeck

(Signed) W. A. Mueller, M. D.

(Address) 2335 Franklin Ave.

Shannon No 980

