

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

Do not use this space.

JUN 17 1936

19533

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City Kansas City (No. 1000 Paris) St. _____ Ward _____

File No. _____
 Registered No. 2490

2. FULL NAME

Jemil A. Shannon
 (a) Residence, No. 1000 Paris 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18, 1865

7. AGE YEARS 70 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 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) St. Louis Mo

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Loretta Shannon (ADDRESS) 1000 Paris

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE May 19, 1936

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 N. Greenwood

20. FILED May 15, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/36

22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____. I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above _____ m.

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

Coronary sclerosis
Chronic fibrinous myocarditis
 Date of onset _____

Other contributory causes of importance: no

Name of operation Autopsy Date of _____
 What test confirmed diagnosis _____ 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 related to occupation of deceased? _____ If so, specify _____ (Signed) [Signature], M. D. (Address) [Address]

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.

