

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.

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

JUL 24 1936

Do not use this space.

19708

1. PLACE OF DEATH

County Jackson
Township Row
City Kang City Mo.

Registration District No. 299
Primary Registration District No. 1097

File No. 2093
Registered No. 2093
St. _____ Ward _____

2. FULL NAME

Eugene Prescott Shine
(a) Residence, No. 1616 Scott St., _____ Ward _____
(Usual place of abode)

Wm. Washington
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 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 Maid Shine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-7-1866

7. AGE YEARS 79- MONTHS 10 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting Soutredo
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) 1921 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salpeter Co -
Vasquia

FATHER 13. NAME John Shine

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

MOTHER 15. MAIDEN NAME Mary Scoulon

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

17. INFORMANT (ADDRESS) Miss Mary Shine

18. BURIAL, CREMATION, OR REMOVAL Int.
Place Mary Lidge DATE June 2-36

19. UNDERTAKER (ADDRESS) W. D. Carson
2121 Pennsylvania

20. FILED 673 1936 M. W. L. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/28, 1936, to 5/30, 1936
I last saw him alive on 5/30, 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.

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

Chronic Nephritis
Myocarditis
arteriosclerosis

Date of onset _____

Other contributory causes of importance Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) W. L. Brown, M. D.
(Address) 10307 Lidge Ave KENS

