

19 1936

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

Do not use this space.
45034

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City, Mo.

File No. 3118
Registered No. 3118
St. _____ Ward _____

2. FULL NAME

Sam Shockey

(a) Residence, No. 15W 44 St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Hastings Nebraska

13. NAME Robert Shockey

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

15. MAIDEN NAME Webster

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

17. INFORMANT (ADDRESS) The Wood Clerk K.C. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 12-29 1936

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 29 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1936 to 12-26 1936

I last saw him alive on 12-26 1936 Death is said to have occurred on the date stated above, at 2:10 a.m.

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

Bilateral Bronchopneumonia with abscess formation

Other contributory causes of importance: _____

Name of operation _____ 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 in any way related to occupation of deceased? _____ If so, specify _____

(Signed) P. F. De Maria, M. D.

(Address) Supt. K.C. Gen Hosp

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.

