

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City of St. Louis (No. 1837 Kennett Place) Ward
Registration District No. 791
Primary Registration District No. 1008

File No. 3863
Registered No. 901

2. FULL NAME

George Shannon

(a) Residence, No. 1837 Kennett Place st., 23 Ward, 1
(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 Husband of Ellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 10 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Scotland

FATHER
13. NAME Joseph Shannon

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ellen Shannon (ADDRESS) 1837 Kennett Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkwood Park DATE 1/21/37

19. UNDERTAKER Dr. H. McLaughlin (ADDRESS) 2301 Lafayette Ave.

20. FILED JAN 21 1937 J. T. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to Jan 18, 1937

I last saw him alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 9 p.m.

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

Acute Cardiac Decompensation
Chr. myocarditis
Date of onset

Other contributory causes of importance:
Acute Bronchitis
Hypertension
Bronchial Asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Royal A. Weir, M. D.
(Address) 1703 So Grand

