MAR 17 1937

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

Do not use this space.

5562

File No.
Registered No.

1. PLACE OF DEATH
County Clinton
Township Hardin
City (No. St. Ward)

Registration District No. 208
Primary Registration District No. 5288

2. FULL NAME John Thomas Shannon

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Jennie McCulloch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1858

7. AGE: 79 YEARS; ~~1858~~ MONTHS; ~~Jan~~ DAYS; ~~30~~ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan 1937
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Mo.

FATHER
13. NAME Thomas Green Shannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Charity Hixon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Geo Shannon
(ADDRESS) Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill Cemetery DATE Jan 31, 1937

19. UNDERTAKER Nelson - O'Brien
(ADDRESS) Plattsburg Mo.

20. FILED Feb 27, 1937 Mrs. Lela Shackelford
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Jan 30, 1937
I last saw h. alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset Jan 27 - 1937

Other contributory causes of importance:
Chronic valvular heart disease

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) J. F. Rupe, M. D.
(Address) Smithville Mo. R. 2

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.