

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

Do not use this space.

AUG 19 1937

1. PLACE OF DEATH

County Cape Girardeau
 Township Cape Girardeau
 City Cape Girardeau (No.)

Registration District No. 125
 Primary Registration District No. 3009

File No. 26865
 Registered No. 215

2. FULL NAME

Charles Thomas Shavnore (SCHAVNORE)

(a) Residence, No. 305 E. Henderson 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

MEDICAL CERTIFICATE OF DEATH

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 Irene Howell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 ? 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman of merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police
 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) Jeherson County Mo.

FATHER 13. NAME James Shavnore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeherson County Mo.

MOTHER 15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deol. Know.

17. INFORMANT (ADDRESS) Ben Shavnore Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent's DATE July 11 1937

19. UNDERTAKER (ADDRESS) Shavnore, Suburban Home Cape Girardeau, Mo.

20. FILED 7-9-37 M. Thompson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1937

22. I HEREBY CERTIFY That I attended deceased from 7-2 1937 to 7-9 1937
 I last saw him alive on 7-9 1937 Death is said to have occurred on the date stated above at 6:50 P.M.

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

Other contributory causes of importance:

Name of operation PNEUMONIA Date of NOV 1
 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) M. D.

(Address) Cape Girardeau

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Primary Registration District No. 3.0.09
City Cape (No.) St. Ward)

File No. 26865-
Registered No.

2. FULL NAME

Charles Thomas Shannon

(a) Residence, No. St. Ward. (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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 7 10

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1937

22. I HEREBY CERTIFY. That I attended deceased from to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

abscess of lung. (Date of onset)
nan 2 B.
Other contributory causes of importance:
pneumonia.
broncho

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) A. J. Fureth M. D.
(Address) Cape Girardeau

SUPPLEMENTARY

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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