

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Van Buren
City Lee's Summit R.R. (No. _____)

Registration District No. 401
Primary Registration District No. 55-56

File No. 30893
Registered No. _____
St. _____ Ward _____

2. FULL NAME Carolyn Cornelia Shawhan

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

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 3 18

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

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) March 1937 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

13. NAME John W. Keene

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

15. MAIDEN NAME Sarah Johnson

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

17. INFORMANT (ADDRESS) L Lee Shawhan Lee's Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL Lee's Summit Mo. DATE Aug 22 1937

19. UNDERTAKER (ADDRESS) W. B. Langford Lee's Summit Mo.

20. FILED Aug 11 1937 Vernie E. York Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to August 10, 1937. I last saw her alive on August 10, 1937. Death is said to have occurred on the date stated above, at 5:45 Am.

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

Primary Carcinoma of the Lung Date of onset 1937

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify _____

(Signed) Chas. L. Miller, M. D.
(Address) Lee's Summit Mo.

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.

OCCUPATION
MOTHER
FATHER

