

JAN 17 1938

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

Do not use this space.

43940

File No. 4843  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Blue Primary Registration District No. 1002  
City Kansas City (No. LEEDS, SANITARIUM)

2. FULL NAME William Watling Shane  
(a) Residence, No. 2819 Prospect Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 16 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Page  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.C. Public Library  
10. Date deceased last worked at this occupation (month and year) (Month) Nov. 1 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) Junction City, Kansas  
(STATE OR COUNTRY)

13. NAME Robert William Shane

14. BIRTHPLACE (CITY OR TOWN) Geary County, Kansas  
(STATE OR COUNTRY)

15. MAIDEN NAME Marion Watling

16. BIRTHPLACE (CITY OR TOWN) Junction City, Kansas  
(STATE OR COUNTRY)

17. INFORMANT M. C. M. T. B. Hospital  
(ADDRESS) Leeds, Mo. (K.C. Mo)

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE DEC. 30 37

19. UNDERTAKER W. W. P. ...  
(ADDRESS)

20. FILED Dec 2 37 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 - 1937 to Nov. 30 - 1937

I last saw him alive on Nov. 30 - 1937. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Pulmonary Tuberculosis

Date of onset 1 1/2 mo.

Other contributory causes of importance:

Name of operation Sputum X-ray Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19\_\_\_\_

Where did injury occur? No  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury \_\_\_\_\_  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. W. P. ...  
(Address) Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

