REC'D MAR 14 1938

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

Do not use this space.

File No. 5807
Registered No. 873

1. PLACE OF DEATH
County: Jackson
Registration District No.:
Township: Kaw
Primary Registration District No.:
City: Kansas City (No. St. Ward)

2. FULL NAME: Lillie Shanks. 52.0

(a) Residence, No. 1008 Harrison 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

3. SEX: female
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: Chester Shanks.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 19th 1899

7. AGE: Years 38 Months 2 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath Co Kentucky

FATHER
13. NAME: Robert Shanks.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER
15. MAIDEN NAME: Laura Ham. Shanks.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: Etta Robbins
(ADDRESS): Camden point, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Ridge DATE: Feby 23rd 1938

19. UNDERTAKER: Lewis Davis
(ADDRESS): Dearborn Mo

20. FILED: 2/22 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 4, 1937, to Feb. 20, 1938.
I last saw her alive on Feb - 9, 1938. Death is said to have occurred on the date stated above, at 7 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Serous Effusion (Peritoneum and Pleural - bilateral)	3/1937
93 c	
Other contributory causes of importance:	
Generalized Edema	Nov 1/37
Chronic Myocarditis	3/1937

Name of operation: Paracentesis: Repeated 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) Harry R. Stacey, M. D.
(Address) North Kansas City 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.

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