

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

Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH
 County BUCHANAN Registration District No. 30
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH, (No. 1324 GRAND AVENUE, St. Ward) 520

2. FULL NAME DANIEL H. SHANKS
 (a) Residence, No. 1324 GRAND AVENUE St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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 ELLA C. Shanks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 25, 1851

7. AGE YEARS 86 MONTHS 3 DAYS 12 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER AND CITY EMPLOYEE
 10. Date deceased last worked at this occupation (month and year) UNK. 11. Total time (years) spent in this occupation UNK.

12. BIRTHPLACE (CITY OR TOWN) RAY COUNTY, (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME MICHAEL SHANKS,

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

MOTHER 15. MAIDEN NAME SARAH LEBOE,

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

17. INFORMANT MRS. R. A. KEATLEY, (ADDRESS) R. F. D. #3, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. AUBURN CEM. DATE APRIL 8, 1938

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED April 8, 1938 N. J. Negel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 7, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938, to April 7, 1938

I last saw him alive on April 6, 1938 Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Chronic Myocardial Insufficiency Date of onset unknown

Other contributory causes of importance: Arteriosclerosis General unk.

Name of operation None Date of ✓

What test confirmed diagnosis? Autopsy 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 ✓, 1938

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) Gustav Han M. D.
 (Address) W. Patrick Brady, St. Joseph, 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.

