

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 17 1938

1. PLACE OF DEATH

County Polk Registration District No. 198 File No. 18024
 Township Exclusion Primary Registration District No. 3011 Registered No. 71
 City Excelsior Springs St. Excelsior Springs Ward

2. FULL NAME

John Lellan Shene
 (a) Residence, No. 426 - 1/2 St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 56 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper & Painter

10. Date deceased last worked at this occupation (month and year) Oct 1, 1937 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Ind

13. NAME Peter S. Shene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT Charles O. Shene
 (ADDRESS) 426 1/2 St., Excelsior Spgs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Hill DATE May 29, 1938

19. UNDERTAKER (ADDRESS) Robert J. Lape
Excelsior Springs, Mo.

20. FILED May 20, 1938 Lothia M. Cracker
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to May 19, 1938

I last saw him alive on May 19, 1938 Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Paralysis of Deglutition Date of onset 7 days
Original paralysis of right side. Happened 7 yrs ago.

Other contributory causes of importance: Arteriosclerosis

Name of operation None 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

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 S.P.M. Cracker

(Signed) Excelsior Spgs, Mo. M. D.

(Address) Excelsior Spgs, Mo.

115a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18024

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1. PLACE OF DEATH

(a) County Clay Registration District No. 198
 (b) Township..... Primary Registration District No. 3011
 (c) City Excelsior Spgs (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 71

2. PRINT FULL NAME

John Le Roy Shreve
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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.
57 8 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED May 20, 1938 Loraine M. Cracker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938

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

I last saw h..... 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:

Paralysis of Deglutition Date of onset
original paralysis of right side. Happened 7 yrs ago

Other contributory causes of importance:
that cerebral hemorrhage according to history 7 yrs. ago, apoplexy about - due to stenosis of carotid artery

Name of operation period. J.P.M.S. 820 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) S. R. McCracken, M. D.
 (Address) Excelsior Spgs. Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-18024

1938