

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 231233  
 Township Kaw Primary Registration District No. St. Picked Hospital Registered No. 3530  
 City Kansas City, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ray G Shields

(a) Residence, No. Wellesville, Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred One hour 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 12 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 1 126

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Wellesville Mo

13. NAME James Shields 5

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

15. MAIDEN NAME Maria Taylor

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

17. INFORMANT (ADDRESS) R. G. Shields Wellesville Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Wellesville Kan 9/8 1938

19. UNDERTAKER (ADDRESS) Conroy & Sons Wellesville Kan

20. FILED 9/8 1938 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 6 PM Sept 8 1938, to 7 PM Sept 8 1938

I last saw him alive on Sept 8 1938 Death is said

to have occurred on the date stated above, at 7 P m.

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

Sudden intestinal obstruction due to a fibrous band. Onset 1 week previous to date of admission (Sept 8 1938)

Other contributory causes of importance: 17212

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Lawrence P. Egan, M. D.

(Address) Plaza Medical Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This certificate showed me.  
place the original one which  
was signed by Dr Breyfogle  
who is an intern at St  
Luke's and is not licensed

so yes.

Mr. M. Crowe



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**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Kear Primary Registration District No. \_\_\_\_\_ Registered No. 3530  
 City Kansas City, Mo. (No. St. Lukes Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ray Shields H  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Wellsville, Kansas  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth: 70 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 12 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
70 1 26

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

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) Wellsville Kans

13. NAME James Shields

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

15. MAIDEN NAME Mary Taylor

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

17. INFORMANT (ADDRESS) James Shields  
Wellsville Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Kan DATE Sept 8 1938

19. UNDERTAKER (ADDRESS) Coughlins  
Wellsville Kansas

20. FILED Sept 8 1938 M. M. Croome  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 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 7 P m.

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

Acute intestinal obstruction Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Herbert S. Grey, Jr., M. D.  
 (Address) St. Luke's Hospital  
Kansas City, Mo.

Every item of information should be carefully supplied. AG's 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.