

DEC'D DEC 19 1938

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

40470  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Saline Registration District No. 793  
(b) Township Blackburn, Mo. Primary Registration District No. 6036 Registered No. ....  
(c) City Blackburn, Mo. (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.

2. PRINT FULL NAME Jammy Shannon

(a) Residence, No. 0 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE (col) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Shannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1883 Blackburn, Mo.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 - -

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. House Keeper  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Blackburn  
(STATE OR COUNTRY) Mo.

13. NAME James Berry  
14. BIRTHPLACE (CITY OR TOWN) un. known  
(STATE OR COUNTRY)

15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

17. INFORMANT James Shannon  
(ADDRESS) Blackburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Blackburn (Cem.) DATE 12-4- 1938

19. FUNERAL DIRECTOR J. H. Ferguson  
(ADDRESS) 264 W. 2nd St. Marshall Mo.

20. FILED 12-1- 1938 Monie Cook  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1938, to Nov 30, 1938

I last saw her alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 12:30 am.

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

Cerebral hemorrhage

Date of onset  
Nov 8

Other contributory causes of importance:

hypertension

Name of operation ..... 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) Paul Lovell, M. D.

(Address) Blackburn Mo

RECEIVED  
District Health Officer No. 88  
District File Number  
Date Filed 12/12/38

STATEMENT BY LICENSED EMBALMER

I, F. D. Ferguson, Licensed Embalmer No. 2172

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed F. D. Ferguson  
Licensed Embalmer No. 2172

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)