MARGIN RESERVED FOR BINDING

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

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.

100M-1-20-36 X7044

13 APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 10521
Township Fishing River — Primary Registration District No. 3011 — Registered No. 38
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME 520 SHANNESSY, Oscar
(a) Residence, No. ..... St., ... Ward. South Haven, Michigan
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence ~~in this order~~ in where death occurred Vets. Hosp. yrs. mos. 1 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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3, 1877
7. AGE: YEARS 62 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Illinois

FATHER
13. NAME: John Shannessy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Johanna O'Donnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Hospital records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wadsworth, Ks. DATE 3-31-39, 19
19. UNDERTAKER (ADDRESS): JOHN E. PRATLER 180 Excelsior Springs, Mo.
20. FILED 3-31-, 1939 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1939, to March 30, 1939
I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 1:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer with hemorrhage	

11 7 18

Other contributory causes of importance:

Name of operation — 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. John E. Kelly
(Signed) JOHN E. KELLY, MD, Manager, M. D.
(Address) Veterans Administration Facility Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/3/39