

1939 SEP 12 1939

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

28649
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township..... Primary Registration District No. 1001 Registered No. 880
(c) or City St. Joseph (d) Street No. 2210 S. 14th. 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 76 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5570 Bridget W. Shannon
(a) Residence, No. 2210 S. 14th. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.W. Shannon (William)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1861.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Pottsville 1
(STATE OR COUNTRY) Pennsylvania 5

FATHER 13. NAME George Walker

14. BIRTHPLACE (CITY OR TOWN) Unknown 5
(STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Marguerite Byrne

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

17. INFORMANT W.W. Shannon (William)
(ADDRESS) 2210 S. 14th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Aug. 30, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug 29 1939 H. J. Nestlebank
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1939, to Aug 27 1939
I last saw her alive on Aug 27 1939. Death is said to have occurred on the date stated above, at 2:00A m.
The principal cause of death and related causes of importance were as follows:

Coronary Thromb. Date of onset 8/28/39

Other contributory causes of importance: Ch. Enl. Card.

Name of operation None Date of.....
What test confirmed diagnosis? Chen 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....., 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 St. Joseph, Mo.
(Signed) Frank J. Vandegau M. D.
(Address) Templeman Bldg.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert C. Harrington*

Licensed Embalmer No. *3258*

P. O. Address *St. Joseph, Mo.*

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.)

If this body is not embalmed, above space should be left blank.