

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

Do not use this space.

37 DEC 11 1935

1. PLACE OF DEATHCounty BucyrusRegistration District No. 85Township St. Joseph MoPrimary Registration District No. 1901City Liberty Mo(No. 2)File No. 35242Registered No. 1213St. Liberty Mo

Ward)

2. FULL NAME(a) Residence, No. Liberty MoSt. Liberty MoWard. Liberty Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 3 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**Female**4. COLOR OR RACE**colored**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**widow**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**William Shannon**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**1850**7. AGE**YEARS 85MONTHS 1DAYS ?

If LESS than 1 day, hrs. or min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**not known**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)**unknown Kentucky**FATHER****13. NAME**William Murrell**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**unknown Kentucky**MOTHER****15. MAIDEN NAME**Mary Gansley**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**unknown Kentucky**17. INFORMANT (ADDRESS)**John H. Gansley #2 St. Joseph Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Liberty Mo DATE 11-23-35**19. UNDERTAKER (ADDRESS)**Church Archers Liberty Mo**20. FILED**11-21-35 John R. Bowers Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**Nov 21, 1935**22. I HEREBY CERTIFY, That I attended deceased from**March 181934to Nov 211935I last saw him alive on Nov 21, 1935. Death is saidto have occurred on the date stated above, at 12:45 p.m.

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

Chronic Myocarditis

Date of onset

Indefinite

Other contributory causes of importance:

noneName of operation no

Date of

What test confirmed diagnosis? clinical findings 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 no, 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no**24. Was disease or injury in any way related to occupation of deceased? no**

If so, specify

(Signed)

George W. Gansley M. D.

(Address)

John H. Gansley #2 St. Joseph Mo.

