

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

Do not use this space.

20207

**1. PLACE OF DEATH**

County Cole  
Township Marion  
City Marion (No. ....)

Registration District No. 211  
Primary Registration District No. 5291

File No. ....  
Registered No. 12  
St. .... Ward)

**2. FULL NAME**

James Paris Shannon  
(a) Residence: No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 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) Sept. 25 - 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
11 8 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ✓  
(b) General nature of industry, business, or establishment in which employed (or employer) ✓  
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Marion  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER David Shannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Eliza Piggart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion  
(STATE OR COUNTRY) Mo.

14. INFORMANT David Shannon  
(Address) Marion, Mo.

15. FILED 6-3-28 1928 REGISTRAR D. Frederick AufderHeide

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2<sup>nd</sup> 1928

I HEREBY CERTIFY That I attended deceased from June 2, 1928, to June 2, 1928 that I last saw him alive on May 10, 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Drowning, Accidental  
while fishing at river,  
183 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓  
182 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓  
IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN UNUSUAL CAUSE? ✓  
WHAT WAS CONFIRMED DIAGNOSIS?  
Dr. Frederick AufderHeide  
Center town Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope Cem. DATE OF BURIAL June 4, 1928

20. UNDERTAKER Wynors Gordon ADDRESS J. C. Mo.

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.

