

STATE DEPARTMENT OF HEALTH OF NEW JERSEY

205-11

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| 1. DECEASED'S NAME LAST FIRST MIDDLE JOSEPH A. SHANNON | | 2. STATE New Jersey | | 3. CITY JERSEY | |
| 4. PLACE OF BIRTH JERSEY | | 5. DATE OF BIRTH 11 Feb 1897 | | 6. AGE (Years, Months, Days) 58 5 9 | |
| 7. SEX Male | | 8. COLOR OR RACE White | | 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married | |
| 10. USUAL OCCUPATION REST REQUEST STRAW | | 11. KIND OF BUSINESS OR INDUSTRY ARKS DEPT. | | 12. BIRTHPLACE JERSEY CITY | |
| 13. FATHER'S NAME SHANNON | | 14. MOTHER'S MAIDEN NAME MARY EMMA COLEMAN | | 15. INFORMANT Mrs Evelyn Shuman | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES Yes | | 17. SOCIAL SECURITY NO. None | | 18. MEDICAL CERTIFICATION | |
| 19. CAUSE OF DEATH Myocardial infarction | | 20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial embolism | | 21. ANTECEDENT CAUSES Due to Atrial fibrillation | |
| 22. OTHER SIGNIFICANT CONDITIONS Previous embolism | | 23. MAJOR FINDINGS OF AUTOPSY | | 24. PLACE OF INJURY | |
| 25. TIME OF DEATH | | 26. HOW DID INJURY OCCUR | | 27. CITY, TOWNSHIP, OR VILLAGE (COUNTY) | |
| 28. I hereby certify that I attended the deceased from July 21, 1955 to July 23, 1955 and that death occurred at 9:00 p.m. from the causes and on the date stated above. | | 29. SIGNATURE OF PHYSICIAN Walter Kelly M.D. | | 30. ADDRESS 112 Park St. J.C. | |
| 31. NAME OF CEMETERY OR CREMATORIUM W. ARLINGTON | | 32. LOCATION (City, Township, or Township and County) | | 33. LOCAL REGISTERING SIGNATURE Robert C. Rando | |