

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

Do not use this space.

12351

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 2107) Wash St. Ward) 21

File No.
 Registered No. 3627
 St. Ward)

2. FULL NAME

Matthe Shaw
 (a) Residence. No. 2107 Wash St., 21 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 1 1890</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss. 7</u>		
PARENTS	10. NAME OF FATHER <u>Ben Hawley</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
	12. MAIDEN NAME OF MOTHER <u>unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/13 1931 to 3/20 1931 that I last saw h. or alive on 3/19 1931, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza Bronchi -
Pneumonia -

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH...
 WAS THERE AN AUTOPSY...
 WHAT TEST CONFIRMED DIAGNOSIS...
 (Signed) X. J. Meeker, M. D.
3/20 .1931 (Address) 20384 Maple

*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 <u>POPE Miss</u>	DATE OF BURIAL. <u>3/24</u> 19 <u>31</u>
20. UNDERTAKER <u>A. F. Walton</u>	ADDRESS <u>2701 Stoddard</u>

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.

FILED 2117 1931

REGISTRAR

J. V. Edwards