

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

Do not use this space.

15026

1. PLACE OF DEATH

103 County Stoddard Registration District No. 838
 5 Township Liberty Primary Registration District No. 4509
 4 City Weyer (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 32

2. FULL NAME

Camille C. Shaw
 (a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. M. Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
67 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Illinois 2

13. NAME Cook 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabasha 31

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss John Donahue
Dexter Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Hagery Cem DATE 4/15 1932

19. UNDERTAKER (ADDRESS) C. B. Rigg
Weyer, Mo.

20. FILED 4/17 1932 P. LaRue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11th, 1932, to April 14th, 1932

I last saw him alive on April 13th, 1932. Death is said to have occurred on the date stated above, at 4 P. m.

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

Double Labor Pneumonia
73 K
106 2, 3

Date of onset: 4-10-32

Other contributory causes of importance: Pulmonary Tuberculosis OK

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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 _____, 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 _____

(Signed) S. L. Harris, M. D.
 (Address) Weyer

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.

S. NO. 2

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