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.

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

Do not use this space.

16191

File No. 1984

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 3 002

City: Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME: Maude Hook Shaw

(a) Residence, No. 912 East 29th St., 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: William H. Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 17, 1878

7. AGE: Years 53 — Months 8 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home 235

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): Missouri

FATHER

13. NAME: Thomas Hook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Catherine Wilkins

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

17. INFORMANT: William H. Shaw
(ADDRESS) 2604 Penn Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mausoleum Mt Moriah Cemetery DATE 5-16, 1932

19. UNDERTAKER: Hire & McClure
(ADDRESS) 3235 Gillham Blvd

20. FILED 5/16, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to May 14, 1932

I last saw her alive on May 14, 1932. Death is said to have occurred on the date stated above, at P. m. 11:15

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

	Date of onset
Staphylococcic Hemolytic Septicemia.	5-9-32
1209 / 1209	

Other contributory causes of importance: Chronic Ulcerative Colitis (1) Sarcoidosis

Name of operation: Post Mortem Date of

What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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) M. Morrell Wood, M. D.

(Address) 818 Prof. Bldg.

Mr Lovell's [illegible] Has. 0986
Val 8220