

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

Do not use this space.

12134

**1. PLACE OF DEATH**

County Bernou  
Township Washington  
City Curwades (No. ....)

Registration District No. 875  
Primary Registration District No. 6162

File No. ....  
Registered No. 71 St. .... Ward)

**2. FULL NAME**

Edward C. Shaw  
(a) Residence, No. State Hospital # 3 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. 10 mos. 29 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1857

7. AGE YEARS 75 MONTHS 5 DAYS 20 If LESS than 1 day, .... hrs. or .... min.

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

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) Mo Ky

13. NAME Edwin Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Ky

15. MAIDEN NAME America Jett

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

17. INFORMANT (ADDRESS) John Shaw, Eldorado Sp. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Sp. Mo. DATE Feb 23 1933

19. UNDERTAKER (ADDRESS) Gwiner Siders Funeral Home

20. FILED 3-23 1933 E. P. Reize Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 23 1933 to Mar 22 1933

I last saw him alive on Mar 22 1933. Death is said to have occurred on the date stated above, at 2:40 p. m.

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

Chronic hypoadrenalism  
930  
77  
Other contributory causes of importance:  
General arteriosclerosis

Name of operation ..... 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? ..... 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 License of Cooper (Signed) Nevada, Mo. M. D.  
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

