

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

Do not use this space.

**MAY 14 1936**

**14832**

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. 1341)

Registration District No. 318  
Primary Registration District No. 2001  
n. Clay Ave

File No. ....  
Registered No. 364  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1341 n. Clay Ave 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Agnes V. Shaw</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sep 8 - 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>
	DAYS <u>11</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R.R. Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Locomotive</u>	
	10. Date deceased last worked at this occupation (month and year) <u>about 4 yr ago</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
MOTHER	13. NAME <u>Samuel Shaw</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Lizzie Tolson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Mrs. Hazel Smith</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East Ave Cemetery</u> DATE <u>April 23 1936</u>		
19. UNDERTAKER <u>W. Kingway Co.</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>4-22-36</u> <u>136 Ralph W. Hampton</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-36

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1936 to 4-19-36.  
I last saw him alive on 4-19-36 1936 Death is said  
to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Pericarditis Date of onset 3-25-36  
from influenza  
930  
Other contributory causes of importance:  
Chronic Myocarditis  
& Influenza  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify O. E. Zeller  
(Signed) ..... M. D.  
(Address) Springfield, Mo.

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.

