

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

Do not use this space.

JUN 12 1937

18854

1. PLACE OF DEATH

County Jackson

Township St. Mary

City Mayfield (No. 7111)

Registration District No. 399

Primary Registration District No. 1002

File No. 3000

Registered No. 3000

St. _____

Ward _____

2. FULL NAME Frances J. Shaw

(a) Residence, No. 4117 Harrison

(Usual place of abode)

Ward _____

(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 ♀ 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 Robert Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1867

7. AGE YEARS 70 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Penn

13. NAME Wm. Gobler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Elizabeth Postick

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

17. INFORMANT (ADDRESS) Dernard Shaw 4117 Harrison

18. BURIAL, CREMATION OR REMOVAL PLACE St. Mary DATE 5/4 19 _____

19. UNDERTAKER (ADDRESS) Henry Brown

20. FILED May 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/37

22. I HEREBY CERTIFY that I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw him _____ alive on _____ 19 _____ Death is said to have occurred on the date stated above _____ m.

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

Myocardial Arterio Sclerosis Date of onset _____
Coronary Artery Disease

Other contributory causes of importance: alo

Name of operation _____ Date _____

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 _____

(Signed) [Signature] M. D.

(Address) [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.

See affidavit misc file # 5-1939