

AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Alex
City N. F. Shaver (No. _____)

Registration District No. 6122
Primary Registration District No. 5799

File No. 27885

Registered No. _____
St. _____ Ward _____

2. FULL NAME

N. F. Shaver

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 male 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 Mary C. Shaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 56

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Nashville
(STATE OR COUNTRY) Tenn.

FATHER 13. NAME George Shaver

14. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Leonard Shaver
Mathews Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Richards Bur Co. DATE Aug 4 (P)
(ADDRESS) New Madrid Mo

19. UNDERTAKER (ADDRESS) Richards Bur Co.
New Madrid Mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5: P m.

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

From record
Malaria Fever

Other contributory causes of importance:

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____

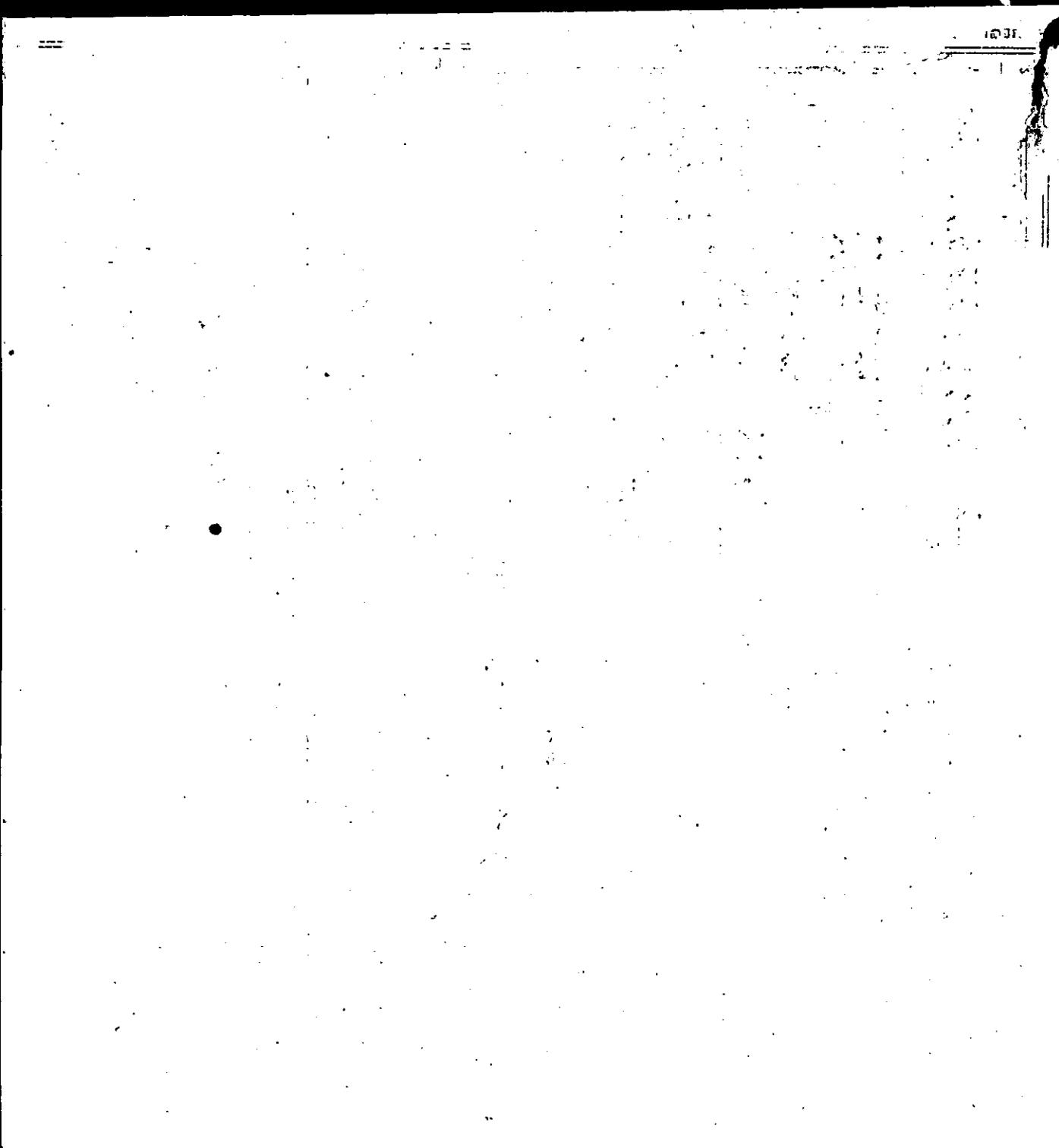
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) L. J. Cooney
(Address) New Madrid Mo

Every return must be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27883-
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
 (b) Township West Primary Registration District No. 5799 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number.)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME W. J. Shaver

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1913

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Shaver

22. I HEREBY CERTIFY, That I attended deceased _____ 19____ to _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1881

I last saw him _____ alive on _____, 19____. Death _____ to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 56

Inter Record
Malaria fever

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

13. NAME George Shaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

15. MAIDEN NAME Winters

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

17. INFORMANT (ADDRESS) Leonard Shaver
Mathews no 12

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Aug 4 1913

19. FUNERAL DIRECTOR (ADDRESS) Richards Mort Co
New Madrid no

20. FILED 19 John Porriah
Local Registrar.

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 _____
 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) L. A. Richards M.D.
 (Address) New Madrid

STRAHS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

OF DEATH IN plain terms, so that it may be properly understood.

5-27885