

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D AUG 7 1938
PLACE OF DEATH

County Jasper
Township Memorial
City 1710 Hospital (No.)

Registration District No. 413
Primary Registration District No. 5559C

File No. 25657
Registered No. 42
St. Cooper Ward

2. FULL NAME Walter Shaw 360
(a) Residence, No. St. Ward. Black water
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. 16 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 Robbie Shaw
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
53 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler
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) Cooper Co. Mo

MOTHER 13. NAME Ernest Shaw

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

15. MAIDEN NAME Mary Harvey

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

17. INFORMANT (ADDRESS) Recorder

18. BURIAL, CREMATION, OR REMOVAL PLACE Salida DATE 7/23

19. UNDERTAKER (ADDRESS) West City Undertaking Co.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938
22. I HEREBY CERTIFY That I attended deceased from Oct 7, 1937, to July 23, 1938
I last saw him alive on July 22, 1938 Death is said to have occurred on the date stated above, at 3:52 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Tuberculous Meningitis
Other contributory causes of importance: J & U

Name of operation Autopsy Date of 1937-38
What test confirmed diagnosis? Specimen 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
(Signed) Jesse B. Deangelis, M. D.
West City (Address)

1945

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26-687
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 413
 (b) Township Mineral Primary Registration District No. 03-290 Registered No. 42
 (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 9 yrs. 9 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Shouse

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

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 Robbie Shouse
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1884
 7. AGE YEARS 53 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938
 22. I HEREBY CERTIFY That I attended deceased from Oct 7, 1938, to July 23, 1938
 I last saw her alive on July 22, 1938. Death is said to have occurred on the date stated above, at 3:28 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset
Tuberculous Meningitis
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Cooper Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Orval Shouse

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

MOTHER 15. MAIDEN NAME Mary Harvey

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

17. INFORMANT (ADDRESS) Rebecca

18. BURIAL, CREMATION, OR REMOVAL PLACE Siddie DATE 7/23, 1938

19. FUNERAL DIRECTOR (ADDRESS) Webb City Undertaking

20. FILED Aug 10, 1938 Harry A. Weaver Local Registrar.

Name of operation Chemo therapy Date of: 11-39-1938
 What test confirmed diagnosis? Res. Spu 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 _____

(Signed) James E. Douglas, M. D.
 (Address) Webb City Mo.

