

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

39453
Do not use this space.

1. PLACE OF DEATH

(a) County Davies Registration District No. 269
 (b) Township Marion Primary Registration District No. 4184
 (c) City _____ (d) Street No. _____ St.
 (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Shaw
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 18

OCCUPATION 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. House wife
 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 0

FATHER 13. NAME Braxton Browning 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 9

MOTHER 15. MAIDEN NAME Elizabeth Crowder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donat Knauer

17. INFORMANT (ADDRESS) W. A. Shaw
Pattersonburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE church DATE Oct 26. 39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shawmer
Pattersonburg Mo

20. FILED Dec 10 1939 Frances G. Sutton (Address) _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mo 1937, to Oct 23 1939
 I last saw him alive on Oct. 23 1939. Death is said to have occurred on the date stated above, at 4:30 m.
 The principal cause of death and related causes of importance were as follows:

Coronary of Artery.
 Other contributory causes of importance: Hb
 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) John F. Foster _____, M. D.
Pattersonburg Mo

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

K. 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.

RECEIVED

District Health Officer No. 111

District File Number 1239-1778

Date Filed DEC-19-1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed E. Kramer

Licensed Embalmer No. 2857

P. O. Address P. Stensberg mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.