

FILED OCT 10 1940

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

31878

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess(b) Township Marion

(c) City

(d) Street No.

Registration District No. 20Primary Registration District No. 284Registered No. 10

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William A. Shaw(a) Residence, No. Marion Township Daviess, Co. St.

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElzara Shaw (Deceased)

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

June 10/1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.68214

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.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Daviess, Co

(STATE OR COUNTRY)

Mo

FATHER

13. NAME Phillip Shaw

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME Orrilla England

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ind

17. INFORMANT (ADDRESS)

Pearl Huff
Pattonburg, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE MuddyDATE 8/26/40, 19

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Ed Shorner
Pattonburg, Mo.

20. FILED

Sept 10, 1940Francis C. Sutton

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from

May 1 - 1940 to Aug 24, 1940I last saw him alive on Aug 24, 1940; Death is saidto have occurred on the date stated above, at 5 p.m.

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

Date of onset

Other contributory causes of importance:

51

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)

(Address)

John Barker, M. D.
Pattonburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 ES Granger

Licensed Embalmer No. 2857

P. O. Address Duttonsburg

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.