

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

33598

**1. PLACE OF DEATH**

County Jackson Registration District No. 100 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 100 Registered No. \_\_\_\_\_  
 City Kansas City, Mo. (No. 1009 Charry) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1009 Charry St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. 1 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 1 - 1898</u>		
7. AGE <u>20</u>	YEARS <u>1</u>	MONTHS <u>16</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>103</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Mo - Jackson

PARENTS	10. NAME OF FATHER <u>Chas E. Shaw</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	12. MAIDEN NAME OF MOTHER <u>Ida Stukley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans</u>

14. INFORMANT Mo. H. Farris  
 (Address) 406 Norton Ave

15. Oct 17 '19 19. Chas  
 REGISTRAR asp

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 - 1918  
 17. I HEREBY CERTIFY That I attended deceased from Oct 13 1918 to Oct 16 1918  
 that I last saw her alive on Oct 16 1918 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
LABOR PNEUMONIA (BILATERAL)  
 (duration) yrs. mos. ds. 8  
 CONTRIBUTORY cardiac insufficiency  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: 1009 Charry St  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Belluray Kaul, M. D.  
 10/16, 1918. (Address) 1608 E. 12  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Oct 17 - 1918  
 20. UMBERTAKER John W Wagner ADDRESS 1147 Grand Ave

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.

