

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

Do not use this space.

29621

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. ....)

File No. ....

Registered No. 1079

St. ....

Ward) ....

**2. FULL NAME**

Leashaba Ann Shaw

(a) Residence. No. 6111 King Hill St. 9 Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 2 mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widow

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

John J. Shaw

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

Oct. 9, 1849

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

78

0

14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Unknown

(STATE OR COUNTRY)

Kentucky

**10. NAME OF FATHER**

Levi Salomon

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Mary Case

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14. INFORMANT**

(Address)

Dr. D. Delmas

317 yds. St. J.

**15. FILED**

24-1927

19

J. H. ...

S. ...

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from Oct 21, 1927, to Oct 23, 1927. That I last saw her alive on Oct 23, 1927, and that death occurred, on the date stated above, at 9:15 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Card Dilatation of the Heart  
75R (duration) yrs. mos. 3 ds.

**CONTRIBUTORY (SECONDARY)**

Chronic Valvular Disease (duration) yrs. mos. ds.

**18. WHERE THIS DISEASE CONTRACTED**

IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William A. Robertson, M. D.

Oct 24, 1927 (Address) St. Joseph Mo

\*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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

H. H. Auburn Oct 25 1927

**20. UNDERTAKER**

**ADDRESS**

Ed. Clark 5025 N. H. Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY amount of information to be carefully supplied. AGE should be stated EXACTLY.

