328

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7859
Township — Primary Registration District No. 1001 — Registered No. 299
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Frank B. Shaw,
(a) Residence. No. 2422 South 12th. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. 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 Edith Shaw,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25, 1904

7. AGE: Years 23 — Months 6 — Days 12 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad,
(c) Name of employer St. Jo. & G. I. Ry. Co.

9. BIRTHPLACE (CITY OR TOWN) Kearney, (STATE OR COUNTRY) Nebraska

PARENTS
10. NAME OF FATHER Charles Shaw,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln, (STATE OR COUNTRY) Nebraska,
12. MAIDEN NAME OF MOTHER Lura Rogers,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buffalo Co., (STATE OR COUNTRY) Nebraska,

14. INFORMANT Mrs. Chas. Shaw
(Address) 2422 South 12th. Street.

15. FILED MAR 8 1928 19 John G. Jth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1 on March 6, 1928, to , 19 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 6:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Traumatism Consisting of fracture of Skull. Injury to Shoulder + Lungs
Rail Road accident (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 20 M (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF March 6/28
WAS THERE AN AUTOPSY? Viewed
WHAT TEST CONFIRMED DIAGNOSIS? View + history
(Signed) J. W. Mays Coroner, M.D
March 7, 1928 (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: Kearney, Nebr. — DATE OF BURIAL: Mch. 9th. 1928

20. UNDERTAKER: Heaton Br. Gale & Bowman — ADDRESS: 319 S. 10 St.

by J. W. Kahle Funeral Home

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1081 — Registered No.: 299
City: St Joseph (No. , St. Ward)

2. FULL NAME: Frank B. Shaw

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): m

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 5/14 1928 John G. Ut. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw h. alive on , 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Transverse Causing of Fracture of Skull: Injury to Shoulder & Lungs: Rail road accident (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) No automobile in accident accured at Elwood Kansas. near Leo died in Hosp Hospital (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, A
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo Stoop M D Coroner, M. D
19 (Address)

*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 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

RECEIVE A FEE FOR CERTIFICATES WHICH THEY ARE COMPELLED TO ISSUE AS PRESCRIBED BY LAW

S-7859