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

Do not use this space.

36226

File No. .....
Registered No. 17

1. PLACE OF DEATH
County: Caldwell
Township: Breckenridge
City: Breckenridge (No. ....., ... St. ..... Ward)
Registration District No. 94
Primary Registration District No. 4056

2. FULL NAME: Lea Herbert Shaw

(a) Residence. No. Breckenridge, Mo St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Many 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): Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ira Amick —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 24th 1887

7. AGE: Years 40 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Chillicothe
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Albert C. Shaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Sarah F Hulet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Mrs. J. O. Amick
(Address): Breckenridge Mo

15. FILED Nov 30, 1928 E. A. Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw him alive on Nov. 21st, 1928, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide - Shot himself with rifle. Bullet penetrated heart muscle. Committed in his bedroom. Left a signed statement. (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Morphine addict
Dependency (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) E. A. Thompson, M. D
Nov. 30, 1928 (Address) Breckenridge, 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: Rose Hill Cemetery — | DATE OF BURIAL: Dec 2nd 1928

20. UNDERTAKER: F. F. McPeak | ADDRESS: Breckenridge, Mo.

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.