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

Do not use this space.

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1. PLACE OF DEATH
County: Butler — Registration District No. 88
Township: Neely — Primary Registration District No. 5130
City: ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 5

2. FULL NAME Georgie Shawn.

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 23, 1928

7. AGE: Years 1 — Months — — Days — — 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) Butler Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George Shawn.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Velma Burton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ripley Co.
(STATE OR COUNTRY) Missouri.

14. INFORMANT Velma Shawn
(Address) Neelyville, Mo.

15. FILED 1/28, 1929 R. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23 1929

17. I HEREBY CERTIFY, That I attended deceased from January 8, 1929, to Jan 8, 1929 that I last saw h.er. alive on January 8, 1929, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza,
..... (duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? "
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. H. Barnett, M. D
1/27, 1929 (Address) Poplar Bluff, 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: Roberts Cemetery
DATE OF BURIAL: Jan. 24 1929

20. UNDERTAKER: None
ADDRESS

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.

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