

APR 24 1929

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

Do not use this space.  
*Ticked*  
10306  
File No. 10306  
Registered No. 21340

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 921) W. Chase St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mr. E. Shaw  
 (a) Residence. No. 921 W. Chase St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 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 Anna Shaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 17 - 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 | 5 | 29 | \_\_\_\_\_

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

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. W. C. Shaw  
 (Address) Springfield, Mo.

15. FILED 3-16-29 1929 Ross Sharp REGISTRAR  
Ross Sharp

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1929, to Mar. 13 1929  
 that I last saw him alive on Mar. 15 1929, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
70 B. Coronary  
16. Ventral Insufficiency (Senile)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 90 W  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam.  
 (Signed) Solomon W. Dinkle M. D.  
3-16-29 (Address) Springfield 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 Greenfield Mo. DATE OF BURIAL March 18 1929

20. UNDERTAKER J. W. Klingner & Co. ADDRESS 246 E. Com'l Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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