

JUL 23 1929  
 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.

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

Do not use this space.

20683

171

**1. PLACE OF DEATH**

County Boone Registration District No. 93  
~~City~~ Columbia Primary Registration District No. 3006  
 City Clark B Shaw (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 3026 College St. \_\_\_\_\_ Ward. Kansas City, Mo.  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Grace B. Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 4, 1899</u>		
7. AGE	YEARS	MONTHS
	<u>30</u>	<u>0</u>
		DAYS <u>26</u> If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>etc</u> (c) Name of employer _____		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30 1929

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Automobile accident (Collision) in Boone Co. on Highway 40  
210M (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
2/1 (Signed) Ralph Alexander M.D.  
1929 (Address) actor, corner  
 \*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 Kansas City, Mo. DATE OF BURIAL July 2, 1929  
 20. UNDERTAKER Tom McHenry ADDRESS Columbia, Mo.

9. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.  
 (STATE OR COUNTRY)

10. NAME OF FATHER George Shaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Harrett, Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bethel, Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Grace B Shaw  
 (Address) 3326 College - K.C. Mo

15. FILED 7-2 1929 Beatrice Greobe  
 REGISTRAR

