

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

Do not use this space.

25243  
7

**1. PLACE OF DEATH**

County Marion

Registration District No. 1-5-2

Township Warren

Primary Registration District No. 5-740

City (No. ....) St. .... Ward)

**2. FULL NAME**

Benjamin Kugler Shaw

(a) Residence. No. .... St., .... Ward.

(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>Widower</u>
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6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
L

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13<sup>th</sup> 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>88</u>	<u>10</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Warren Township  
(STATE OR COUNTRY) Marion Co Mo.

**PARENTS**

10. NAME OF FATHER	<u>Henry Pratt Shaw</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>New York City</u>
12. MAIDEN NAME OF MOTHER	<u>Mary Beathson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Philadelphia Pa.</u>

14. INFORMANT Pearl Dear  
(Address) City - Mo.

15. FILED 7/23 1929 Rosa E Wagner  
REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 22<sup>nd</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1929, to July 22, 1929 that I last saw him alive on July 15, 1929, and that death occurred, on the date stated above, at 7.30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral hemorrhage

9 hrs (duration) yrs. mos. 7 ds.  
Myocarditis  
CONTRIBUTORY (SECONDARY) (duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
Not known

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF ...

20. WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) John M. ... M.D.  
7/27 1929 (Address) Marion City 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 Andrews Chapel - July - 23<sup>rd</sup> 1929  
DATE OF BURIAL

20. UNDERTAKER Wilson & Son - Marion City Mo.  
ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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1929

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