

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

Do not use this space.

28247

PLACE OF DEATH

County Lafayette
Township Clay
City (No.)

Registration District No. 466
Primary Registration District No. 46720

File No.
Registered No. 17
St. Ward

2. FULL NAME

Donald Ray Shaw

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Wife of

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

May 3, 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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5-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

Clay township Lafayette Co Mo

10. NAME OF FATHER

Oliver Marcellus Shaw

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

Lafayette Co Mo

12. MAIDEN NAME OF MOTHER

Jewell Hope Bryant

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

Madison Co Mo

14. INFORMANT (Address)

Oliver Shaw Wellington Mo

15. FILED

Aug 5, 1924

F. M. Mauer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 8th 1924

17. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1924, to Aug 8th 1924, that I last saw him alive on Aug 6th 1924, and that death occurred, on the date stated above, at 3:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth 8 month child 150 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY)

161 a (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) F. M. Mauer, M. D.
Aug 4, 1924 (Address) Wellington 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

DATE OF BURIAL

Arnold Cemetery
Worce

Aug 8th 1924
ADDRESS

20. UNDERTAKER

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

25 1924

