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

Do not use this space.

39539

File No.
Registered No. 206

1. PLACE OF DEATH
County: Adair
Township
City: Kirksville (No. , St. Ward)
Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME: Emma Shaw
(a) Residence. No. (Usual place of abode) St., Ward. Mt. Sterling Iowa (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-25-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Missouri

PARENTS
10. NAME OF FATHER: John Kerr
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: M. H. Funkhouser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia

14. INFORMANT: Fred Shaw
(Address): Mt. Sterling Iowa

15. FILED 12/26 1929 C. R. Becker Registrar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1929, to Dec. 23, 1929, that I last saw h. alive on Dec. 23, 1929, and that death occurred, on the date stated above, at 9:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
1 D.D.
1 2
9 M. (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic bronchitis + emphysema (duration) 2 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? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Carl W. Koehler M. D.
, 19 (Address) Kirksville, 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
Prairie View	12-25-1929
20. UNDERTAKER: DeKiley	ADDRESS: Kirksville

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.

1929-12-23 53
1865-1-25 25
64-10-28 28