APR 30 1930

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

Do not use this space.
2313-a

1. PLACE OF DEATH
County: Putnam
Township: Richland
City: (No. , St. Ward)
Registration District No. 722
Primary Registration District No. 4953
File No.
Registered No. 3

2. FULL NAME Edythe Alleine Shaver
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 28 1928
7. AGE: Years 1 | Months — | Days 9 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): Putnam Co. Mo.

PARENTS
10. NAME OF FATHER: John Shaver, Jr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Co. Mo.
12. MAIDEN NAME OF MOTHER: Stella Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Putnam Co. Mo.

14. INFORMANT: Geo. O. Hodson
(Address): Lemons, Mo.
15. FILED Apr 11 1930 W. M. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 6 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to Jan. 6, 1930, that I last saw her alive on Jan. 3, 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu
11 E.
8 3/12 116
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Otitis Media
(duration) yrs. mos. 5 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) D. M. Riggins, M. D.
, 19 (Address) Green 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: Christian Home — DATE OF BURIAL: Jan. 7 1930
20. UNDERTAKER: J. M. Hodson — ADDRESS: Lemons, Mo.

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

BY PHYSICIAN.