JUN 27 1930 McCrewdson

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

Do not use this space.

17003

File No. ____
Registered No. ____

1. PLACE OF DEATH

County: Pike — Registration District No.: 689
Township: Buffalo — Primary Registration District No.: 3033
City: Louisiana (No. Pike Co. Hospital St. ____ Ward)

2. FULL NAME Albert Rodney Shaw

(a) Residence. No. 1301 Georgia 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
44	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

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

PARENTS
10. NAME OF FATHER James W. Shaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Anna Rodney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Mo.

14. INFORMANT Jas W. Shaw
(Address) Louisiana Mo

15. FILED 5/11 1930 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930, to May 10, 1930 that I last saw him alive on May 10, 1930 and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia (Peritonitis)
121A
129 (duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Ruptured appendix
(duration) ____ yrs. ____ mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/1-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Surgical Exploration
(Signed) J M Crewdson, M. D.
5/11, 1930 (Address) Louisiana 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 Riverview Louisiana Mo — DATE OF BURIAL 5/12 1930

20. UNDERTAKER F C Haley Jr — ADDRESS Louisiana Mo

NOTE: Every item of information must 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.