

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 2638 Brighton) St. \_\_\_\_\_ Ward \_\_\_\_\_

**19613**

File No. \_\_\_\_\_  
 Registered No. 5614  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Ellen Lass Shaw  
 (a) Residence. No. 2638 Brighton St. 14 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Shaw  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1875  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 0 23

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22, 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 1928, 1928, to June 22, 1930 that I last saw her alive on June 22, 1930, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

And certificate of atherosclerosis (Chronic)

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

CONTRIBUTORY (SECONDARY) 90 B  
 (duration) yrs. mos. ds.  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Mary Vogel  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Heart Lesions  
 (Signed) U B Macken, M. D.  
627.1930 (Address) 920 Meade

\*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.

14. INFORMANT Mrs. Grace Runyan  
 (Address) 2638 Brighton

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 6-24-30<sub>19</sub>

15. FILED 6/23/30 M.D.M. Crowe  
 REGISTRAR Asst

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS City 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.

A.B. Mulvaney, MD  
920 Neelton,

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