

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.

DEC 29 1930

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

Do not use this space.

32423^a

1. PLACE OF DEATH *Edwinton*
County *Osage* Registration District No. *207*
Township *Plattsburg* Primary Registration District No. *4170*
City *Plattsburg* (No.) St. (Ward) ...
2. FULL NAME *Nannie Elizabeth Shaver*
(a) Residence No. *1111* St. *Haltmo R.R. Mo.* Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred *50* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*
4. COLOR OR RACE *W*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (under the word) *Widowed*
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jacob H. Shaver*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 28 1856*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Home maker*
(b) General nature of industry, business, or establishment in which employed (or employer) *Farming*
(c) Name of employer *none*

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

10. NAME OF FATHER *G. J. Miller*

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

12. MAIDEN NAME OF MOTHER *Arisha Farley*

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

14. INFORMANT *Berry M. Shaver*
(Address) *R. R. 401 Sult Mo*

15. FILED *11/3 30* 19 *30* *E. Charlein*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 29 1930*
17. I HEREBY CERTIFY, That I attended deceased from *May 13 1929* to *Oct 29 1930*
that I last saw him alive on *Oct 28 1930*, and that death occurred, on the date stated above, at *5-28 a* m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
653
730
Myocarditis
(duration) *2* yrs. mos. da.
CONTRIBUTORY (SECONDARY) *Thyrotosis*
(duration) *1 1/2* yrs. mos. da.

18. WERE THERE DISEASE CONTRACTIONS?
IF NOT AT PLACE OF DEATH *Yes*
DID AN OPERATION PRECEDE DEATH? *No* DATE OF ...
WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical symptoms*
(Signed) *W. B. Baldwin* M. D.
Oct 29 1930 (Address) *Plattsburg 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 *Greenlawn Cemetery* DATE OF BURIAL *Oct 30 1930*

20. UNDERTAKER *J. W. Kinner* ADDRESS *Plattsburg*

