

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

Do not use this space
Dr. S. J. Fullman
9500

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township _____ Primary Registration District No. 2901
 5 City Springfield, Mo 1552 W. Chestnut St. _____ Ward _____
2. FULL NAME Geo. E. Shaw
 (a) Residence, No. 1552 W. Chestnut 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah (dec)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8 1850
7. AGE YEARS 81 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga Tenn.
13. NAME Geo. E. Shaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME no data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT James E. Shaw
 (ADDRESS) Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fossil Chapel DATE March 14 1931
19. UNDERTAKER (ADDRESS) Olma T. Sawyer Funeral Home
Springfield Mo.
20. FILED 2 60 1931 Geo E. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 - 1931
22. I HEREBY CERTIFY, That I attended deceased from 3/5 1931, to 3-8 1931.
 I last saw him alive 3-8-1931 19____ Death is said to have occurred on the date stated above, at 6:55 P. m.
 The principal cause of death and related causes of importance were as follows:
Senility
10th D
110v
10th D
 Other contributory causes of importance:
~~Senility~~ Bronchitis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. J. Fullman, M. D.
 (Address) Springfield Mo

MARGIN RESERVED FOR BINDING

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.

APR 23 1931

1904

1904