

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

Do not use this space.

28116

**1. PLACE OF DEATH**

County Howard, Registration District No. 378  
 Township \_\_\_\_\_ Primary Registration District No. H 222  
 City Fayette, (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mrs Hanna P, Shaw.

(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 (Specify the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Shaw,  
7-24th 1864

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

7. AGE 67 YEARS MONTHS 7 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Ireland,

FATHER 13. NAME William Patterson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland,

MOTHER 15. MAIDEN NAME Martha Brownlee,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Dr W.J. Shaw, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sigourney, DATE 8-5-31

19. UNDERTAKER (ADDRESS) Guy T. Halley, Fayette, Mo.

20. FILED Aug 10 1931 V. C. Bonham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30 1931, to Aug 3 1931.

I last saw her alive on Aug 3 1931. Death is said to have occurred on the date stated above, at 4 00 31 m.

The principal cause of death and related causes of importance were as follows:

Uremic Coma Date of onset 8-1-31

1391  
1392  
 Other contributory causes of importance:  
Laparotomy - Uterine Suspension  
8-31-31

Name of operation Uterine Suspension Date of 8-31-31

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

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? no

If so, specify \_\_\_\_\_  
 (Signed) W. Bloom, M. D.  
 (Address) Fayette, Mo.

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.

AUG 26 1931

