

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.

2057 AM

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

Do not use this space.

35406

1. PLACE OF DEATH

County Randolph  
Township Cairo  
City (No. ) \_\_\_\_\_

Registration District No. 729  
Primary Registration District No. 5263

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

2. FULL NAME

Samuel 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 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1846

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 3 4

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co - Mo

10. NAME OF FATHER John Shaw

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

12. MAIDEN NAME OF MOTHER Sarah Dunsmuir

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

14. INFORMANT (Address) Sam Shaw Jr. Moberly, Mo

15. FILED Oct 15 1931 J. J. All REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1931

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to Oct 10, 1931, that I last saw him alive on Oct 10, 1931, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic nephritis

131 (duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 131 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. J. All, M. D.  
, 19 31 (Address) Cairo 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 DATE OF BURIAL  
Cads Chapel Oct 13 1931

20. UNDERTAKER ADDRESS  
Snow-heaverton Moberly Mo

