

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

Do not use this space.

1. PLACE OF DEATH

31 County Daviess Registration District No. 254
Township Marion Primary Registration District No. 5358
City (No.) St. Ward)

File No. 4198
Registered No. 7

2. FULL NAME Orrilla N. Shaw

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip Shaw (Deceased)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17/1846
7. AGE YEARS 85 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Ind 2

FATHER 13. NAME William England

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Mary Dutro

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

17. INFORMANT John E. Shaw
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Civilbend-M*E DATE 2/18/32, 19...

19. UNDERTAKER H. S. Stoner
(ADDRESS) Fattonsburg, Mo

20. FILED 2-16, 1932 John G. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/32, 19...

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Feb. 14, 1932.
I last saw her alive on Feb. 14, 1932. Death is said to have occurred on the date stated above, at 4/30A m.

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

Arteriosclerosis & Chronic nephritis
Date of onset

131
91
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury 2/16/32, 19...

Where did injury occur? Ind (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) Dr. Robert Hedges, M. D.
(Address) Fattonsburg

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.

MO 2 1932

