

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

Do not use this space.

5707

File No. 23

Registered No. 3

1. PLACE OF DEATH  
 82 County Pike Registration District No. 685  
 2 Township Calmut Primary Registration District No. 4409  
 6 City Clarksville (No. .... St. .... Ward)

2. FULL NAME Mary Ellen Schaw

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Champ Schaw Dec.</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 25 1848</b>				
7. AGE YEARS <b>83</b>	MONTHS <b>6</b>	DAYS <b>13</b>	If LESS than 1 day, .... hrs. or .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>at home</b>			
	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) <b>Missouri 1</b>				
FATHER	13. NAME <b>John Palmer</b>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown 31 8</b>				
MOTHER	15. MAIDEN NAME <b>Rossie Robertson</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo. 1</b>				
17. INFORMANT <b>Tip Sherwood</b> (ADDRESS) <b>Clarksville Mo</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Oakridge</b> DATE <b>2-9-1932</b> 19.				
19. UNDERTAKER <b>I. H. Brown</b> (ADDRESS) <b>Clarksville Mo</b>				
20. FILED <b>Feb 29 1932 H. W. McNamara</b> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-8-1932** 19

22. I HEREBY CERTIFY, That I attended deceased from **Feb 7**, 1932, to **Feb 8**, 1932.  
 I last saw her alive on **Feb 8**, 1932. Death is said to have occurred on the date stated above, at **7:25 AM**.  
 The principal cause of death and related causes of importance were as follows:  
**Cerebral hemorrhage**  
**General arterio-sclerosis**  
 Date of onset **Feb 7**

Other contributory causes of importance:  
**(1)**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 ..... 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? **no**  
 If so, specify  
 (Signed) **E. M. Bunker** , M. D.  
 (Address) **Clarksville 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.

1932 2 1832

