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

1. PLACE OF DEATH
County Bucanhan — Registration District No. 85 — File No. 7471
Township — Primary Registration District No. 1001 — Registered No. 270
City St. Joseph (No. State Hosp. #2 St. Ward)

2. FULL NAME Charles Shaw
(a) Residence. No. ~~Mound City, Mo.~~ St., Ward. Mound City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 22 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 Amanda Shaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1855

7. AGE: Years 76 — Months 6 — Days ~~30~~ 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Gabriel Shaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Hosp. Records
(Address) State Hosp. #2 St. Joseph

15. MAR 18 1932 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1931, to March 17th, 1932 that I last saw him alive on March 17th, 1932 and that death occurred, on the date stated above, at 8 40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas of Face - due to Picking at Nose -
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangrene left foot due to arteriosclerosis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. R. Bunch, M. D.
3/17/, 1932 (Address) State Hospital #2

*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: Mound City Mo — DATE OF BURIAL: March 19 1932

20. UNDERTAKER: W H Crawford — ADDRESS: Mound City, 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.
V. S. No. 2.