

New Bond

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

Do not use this space.

11783

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Mo. (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 179
St. Ward)

2. FULL NAME Julia Antonette Shaw

(a) Residence, No. 1014 Nooney St. 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~MARRIED~~
(OR) WIFE OF John Lyle Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY) 2

13. NAME Alfred Stotlar

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

15. MAIDEN NAME Katherine Sullivan

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

17. INFORMANT Bertha Lewis
(ADDRESS) 228 Scovamore St. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Cemetery DATE April 28, 1932

19. UNDERTAKER Green Leaf Company
(ADDRESS) 440 Pine St Poplar Bluff Mo

20. FILED April 27, 1932 B. J. Clary
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 .1932

22. I HEREBY CERTIFY, That I attended deceased from 3-17 - 1932 to 4-27 - 1932

I last saw her alive on 3-17 - 1932 Death is said

to have occurred on the date stated above, at 3:20 A.M.

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

Septicemia Date of onset

1328/32
1328/32

Other contributory causes of importance:

chronic poisoning

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) B. J. Clary , M. D.

(Address) Poplar Bluff, 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.

MAY 23 1932

