

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

Do not use this space.

12220

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6
1. PLACE OF DEATH
County Greene Registration District No. 316
Township Boone Primary Registration District No. 4191
City Ash Grove (No.) St. Ward

2. FULL NAME Edwin E 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Judy Shaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/5/1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 + 0 + 15

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

15. DATE OF DEATH (MONTH, DAY AND YEAR) 4/20 1932

17. I HEREBY CERTIFY, That I attended deceased from 1 1931 to April 20 1932 that I last saw him alive on April 300 1932, and that death occurred, on the date stated above, at 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral Hemorrhage

J. J. J. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

10. NAME OF FATHER John Shaw

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

12. MAIDEN NAME OF MOTHER Eliza Walker

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

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) Charles H. McAffie M. D.
4-4-1932 (Address) Ash Grove, 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.

14. INFORMANT Vernon Shaw
(Address) 6605 Taylor Ave - St Louis

15. FILED 5-5 1932 Charles (W) REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ash Grove Cemetery DATE OF BURIAL 4/24 1932

20. UNDERTAKER A. Salbraith ADDRESS Ash Grove Mo

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 24 1932

