

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

Do not use this space.

12813

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Kaw Primary Registration District No. 1008
City Kansas City (No. 3307 College Ave. St. _____ Ward _____)

File No. _____
Registered No. 1755

2. FULL NAME William R. Shaw

(a) Residence, No. 3307 College Ave. St. 14 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 48 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF— <u>Mrs. Benadicta Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 15, 1863</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>10</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Credit Dept of 273</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Peck Dry Goods Co</u>
	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) Missouri

FATHER 13. NAME John Shaw

FATHER 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nannie Martin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Benedicta Shaw (ADDRESS) 3307 College Ave. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 4-28-32

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 4-27-32 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932, to April 25, 1932
I last saw h. c. alive on April 24, 1932. Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia Tubercular

Other contributory causes of importance:
C

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic 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?
If so, specify _____
(Signed) H. C. Brown M. D.
(Address) 1115 Grand Ave

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.

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Via 2537
Robert L. G.
2 to 5