

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

Do not use this space.

8294

1. PLACE OF DEATH

County Vernon Registration District No. 874
Township Racon Primary Registration District No. 4530
City Schell City (No. _____) St. _____ Ward _____

2. FULL NAME

Irvin Francis Shaw

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor

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

10. Date deceased last worked at this occupation (month and year) Feb. 4/33 11. Total time (years) spent in this occupation about 2 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ronald, Kansas

13. NAME W m Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon County

15. MAIDEN NAME Hortense Flint Shaw

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

17. INFORMANT (ADDRESS) Hortense Flint Shaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem. DATE Feb. 6, 1933

19. UNDERTAKER (ADDRESS) City of Schell City, Mo.

20. FILED 2-5 1933 N. G. Jarvis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance were as follows:

Accidentally killed by clothes catching on line shaft in mill
Other contributory causes of importance: _____
Date of onset 76

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? Accident Date of injury 2-4 1933
Where did injury occur? Schell City, Mo
(Specify city, town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury caught on line shaft
Nature of injury crushed body + broken limbs

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. W. Gray, M. D.
(Address) Schell City 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.

1933

10
4
1

51

22

33

