

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

Do not use this space.

12835

1. PLACE OF DEATH
 31 County Davies Registration District No. 255-
 Township Calfax Primary Registration District No. 2356
 City (No.) St. Ward

2. FULL NAME Mrs. Amy Shave
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Henry Shave</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12 - 1867</u>				
7. AGE	YEARS <u>66</u>	MONTHS <u>2</u>	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>housework</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>same</u>			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>over life</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davies Co. Missouri</u>				
13. NAME <u>Benjamin Russell</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Jersey</u>				
15. MAIDEN NAME <u>Lucinda Dunmore</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davies Co. Missouri</u>				
17. INFORMANT <u>Mrs. C. M. Bondner</u> (ADDRESS) <u>4300 Powell Ave. N. C. Kan.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridder Mo.</u> DATE <u>April 28 1933</u>				
19. UNDERTAKER (ADDRESS) <u>W. F. Russell Mo.</u>				
20. FILED <u>4/29/33</u> 19 <u>33</u> <u>F. H. Wilson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933, to April 26, 1933
 I last saw her alive on April 26, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cardio Renal disease
 Date of onset Recent illness April 1933

Other contributory causes of importance:
95 B

Name of operation _____ Date of _____
 What test confirmed diagnosis phy. ex. clin. 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) Fred K. Wilson, M. D.
 (Address) Winstan 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 22 1933

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 OCCUPATION
 MOTHER
 FATHER

