

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

Do not use this space.

1. PLACE OF DEATH

County Dade

Registration District No. 237

Township Custer

Primary Registration District No. 4144

City Greenfield, Mo.

File No. 4403

Registered No. _____
St. _____ Ward)

2. FULL NAME

Ardella 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1st 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1934, to Feb. 1st, 1934

I last saw her alive on Jan. 27, 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1854

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 1 22

Endocarditis Chronic

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dadeville Mo.

13. NAME John Smith

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Indiana

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Sally Ann Morgan

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Horace Kellingworth (ADDRESS) Greenfield, Mo.

Specify whether injury occurred in Industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE Feb 3 1934

Manner of injury _____

19. UNDERTAKER J. W. Ward (ADDRESS) Greenfield, Mo.

Nature of injury _____

20. FILED 2-5 1934 Geo. L. Witt Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. P. Driscoll, M. D.
(Address) Greenfield, 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.

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