

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Eden
City (No.)

Registration District No. 76
Primary Registration District No. 5710B

File No. B33
Registered No.
St. Ward

2. FULL NAME

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theresa Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>1</u>
		<u>5</u>
	If LESS than 1 day, hrs. or min.	

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

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

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)
Miller, Co. Mo.

13. NAME
Geo Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Washington

15. MAIDEN NAME
Do

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

17. INFORMANT (ADDRESS)
Andrew Shaw

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
St. Pauls Mar 15 34

19. UNDERTAKER (ADDRESS)
Andrew Shaw

20. FILED 4/6 1934 N. W. Mendenhall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934 to March 14 1934

I last saw him alive on March 10 1934 Death is said to have occurred on the date stated above, at 7 A. m.

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

Other contributory causes of importance:
11/11 11/19

Name of operation Date of
What test confirmed diagnosis? lyptus 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) W. P. Meigs M. D.
(Address) Hartshy 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.

