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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 14 1934 — 3

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

Do not use this space.

File No. 23315

Registered No. 822

Registration District No. 85

Primary Registration District No. 1001

**1. PLACE OF DEATH**

County Buchanan,

Township

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

**2. FULL NAME** Raymond Harold Shaw,

(a) Residence, No. St., Ward. Mountain Air, N.M.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1927.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 7 | 2 | 10 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Air, New Mexico.

FATHER

13. NAME William Jesse Shaw,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Oklahoma,

MOTHER

15. MAIDEN NAME Irene Schmitz,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Berg, Ohio.

17. INFORMANT Wm J. Shaw
(ADDRESS) Mountain Air, New Mexico.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mountain Air, N.M. DATE July 21, 1934

19. UNDERTAKER Eaton-Bigelo-Bowman
(ADDRESS) 519 So. 10th. St. Kansas City, Mo.

20. FILED 7-19- 1934 John R Bender
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934, to July 18, 1934

I last saw alive on July 14, 1934. Death is said to have occurred on the date stated above, at 11:58 a.m.

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

Acute Bronchial Pneumonia

Fever

10 TB

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Laboratory. Was there an autopsy? —

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) G. E. Bingham M. D.

(Address) 8 Ta — St. Jo. Mo.