

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

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FEB 27 1935

✓ 2388

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Primary Registration District No. 3032
 City Sedalia (No. 1804 So. Harrison St. Ward)

2. FULL NAME

Mary E Shaw

(a) Residence, No. 1804 So Har. 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12 1863

7. AGE YEARS 71 MONTHS 10 DAYS 7 IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

FATHER 13. NAME William A Kabler

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER 15. MAIDEN NAME DK

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT William Shaw

(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cem. DATE Jan. 21 1935

19. UNDERTAKER Gillespie Funeral Home

(ADDRESS) Sedalia Mo.

20. FILED Jan 21 1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19/35 19

22. I HEREBY CERTIFY, That I attended deceased from

1/19 1935, to 1-19 1935
 I last saw h. alive on Jan 19 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Accomplicated heart
from Endocarditis 6 mo
patient died suddenly
 Date of onset 90

Other contributory causes of importance:

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? 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.

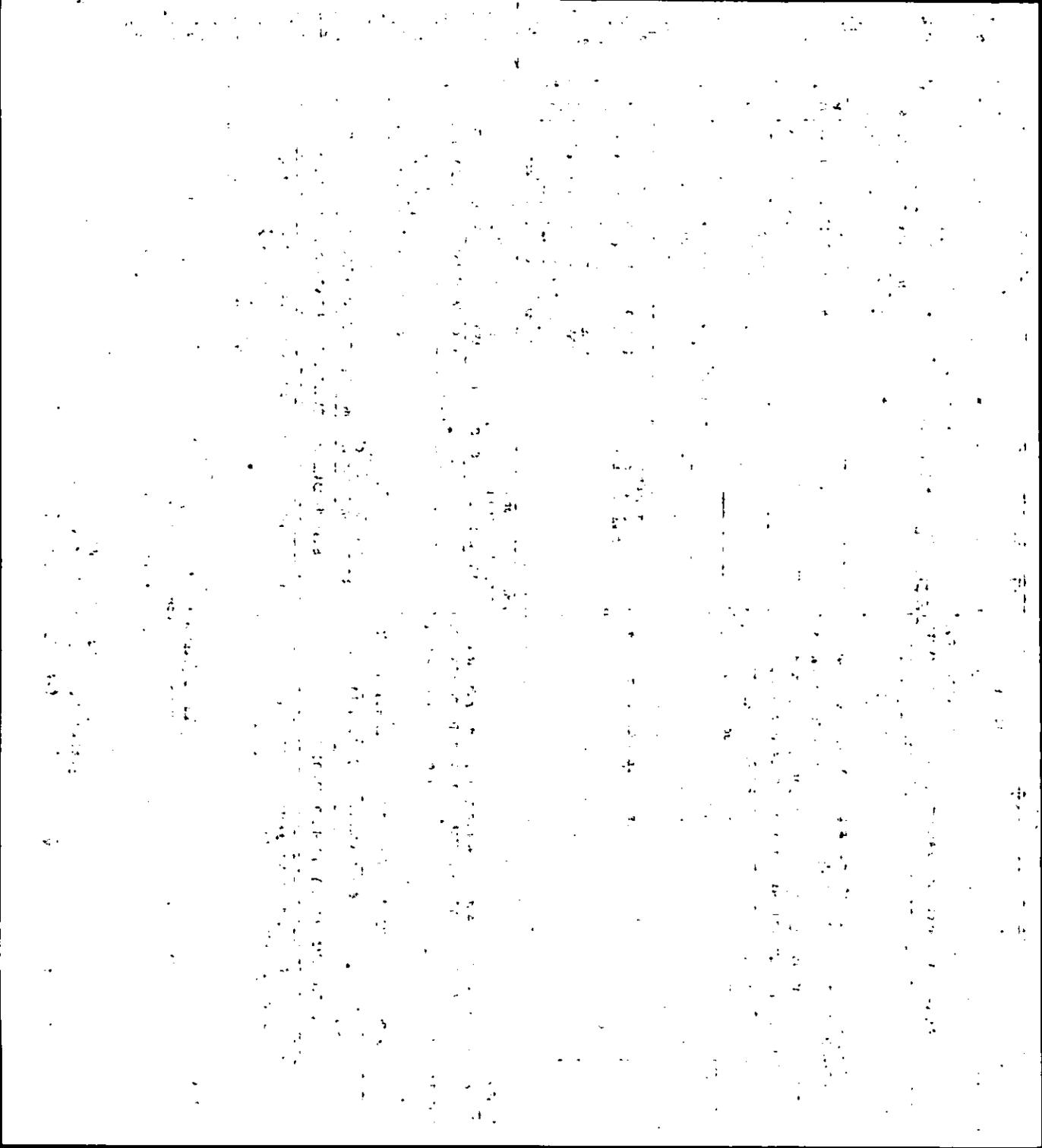
Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) O. P. Taylor M. D.

(Address) Sedalia 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.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township.....
City..... (No.)

Registration District No. 668
Primary Registration District No. 3092

File No.....
Registered No. 29..... Ward.....

2. FULL NAME

Mary E 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1935

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

22. I HEREBY CERTIFY That I attended deceased from

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

....., 19....., to....., 19.....

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

I last saw him alive on....., 19..... Death is said

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

to have occurred on the date stated above, at..... m.

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

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

Coronary arteriosclerosis Date of onset

FATHER 13. NAME

stroke

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

Other contributory causes of importance: 92a

MOTHER 15. MAIDEN NAME

Name of operation..... Date of.....

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

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

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE..... DATE....., 19.....

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

19. UNDERTAKER (ADDRESS)

Manner of injury.....

20. FILED 1-23 1935 Jean Slack Registrar

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CLOSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

S. 2383