

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH

County Barton
Township Nashville
City Nashville No. _____

Registration District No. 46
Primary Registration District No. 5069

File No. 4302
Registered No. 2,
St. _____ Ward _____

2. FULL NAME Betty Elizabeth 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

3. SEX <u>Female</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>Harrison Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>5</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		
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) <u>Secedalia Missouri</u>		
13. NAME <u>Dana R. Landon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flournoie Missouri</u>		
15. MAIDEN NAME <u>Susan Brownfield</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Frank Shaw</u> (ADDRESS) <u>Lanthe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nashville</u> DATE <u>Feb 17 1935</u>		
19. UNDERTAKER <u>Teeter Bros</u> (ADDRESS) <u>Gasper Mo</u>		
20. FILED <u>Feb 17 1935</u> <u>Gladys Overman Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 - 1935, to Feb. 15 - 1935
I last saw her alive on Feb. 14 - 1935. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease Date of onset _____
Arteriosclerosis
92 a
Other contributory causes of importance:
Senility

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? No
If so, specify _____
(Signed) W. A. Knott, M. D.
(Address) Gasper, 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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