

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.

JUL 2 2 1935

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

Do not use this space.

19954

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3259 Gillham Plaza) St. _____ Ward _____

File No. _____
Registered No. 2599

2. FULL NAME Carol Jeane Shaw

(a) Residence, No. 3259 Gillham Plaza 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1920
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 11 0

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.
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) Kansas City Missouri

13. NAME Ray H. Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City Missouri

15. MAIDEN NAME Leona Tabler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT E. L. Talbott
(ADDRESS) 174 So. Brown, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Maria Cemetery DATE June 27, 1935

19. UNDERTAKER Stine + McChesney
(ADDRESS) 3259 Gillham Plaza

20. FILED 9/26 1935 M. M. Lerone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from McK Mt June 25, 1935 to June 25, 1935
I last saw her alive on June 25, 1935 Death is said to have occurred on the date stated above, at P. _____ m. 1:30

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

Endothelionia of the Lung Date of onset _____

Other contributory causes of importance: W

Name of operation Autopsy Date of ops
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) W. H. Hayes, M. D.
(Address) 901 Westport rd

