

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

Do not use this space.

36096

1. PLACE OF DEATH 26 1935
 County Jackson Registration District No. 399
 Township New Primary Registration District No. 1002
 City Kansas City (No. 3021, E 70th) St. _____ Ward _____
 Registered No. 4520

2. FULL NAME Ester Clayman Shaw
 (a) Residence, No. 3021 E 70th 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 <u>fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Saw Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 1880</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>6</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Russia</u>		
13. NAME <u>Nathan Schriber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Mary Mayer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>William Clayman</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schiffeld</u> DATE <u>11-12</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Guerin</u>		
20. FILED <u>Nov 12 1935</u> <u>M. M. Crow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/11 1935 to 11/10 1935
 I last saw him alive on 10/19 1935 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas Date of onset 11/1/35
46
 Other contributory causes of importance
Pulmonary Embolism 10/9/35
 Name of operation Spartomy Date of 6/12/35
 What test confirmed diagnosis? oper 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.
Home
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Dwight E. Curry, M. D.
 (Address) 71518 Prof. Bldg
11.6.35

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.

WHILE I LIVE, WITH OBTAINING INFORMATION IS A PERMANENT RECORD

