

MAY 15 1936

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

Do not use this space.

13936

## 1. PLACE OF DEATH

County Audrain  
Township Salt River  
City Mexico

Registration District No. 26  
Primary Registration District No. 3002  
(No. 620 W. Blvd.

File No. \_\_\_\_\_  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Shaw

(a) Residence, No. 620 W. Blvd. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 3 4

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) Illinois

13. NAME George Ward

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

15. MAIDEN NAME Sarah Moorman Shaw

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

17. INFORMANT (ADDRESS) Mrs. Emma Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood, Mo. DATE April 7, 1936

19. UNDERTAKER (ADDRESS) Chas. Arnold Jr. Chas Arnold

20. FILED 4-7- 1936 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 6, 1936.  
I last saw h. or alive on April 5, 1936. Death is said to have occurred on the date stated above, at 12:10 P. M.

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

Branch's Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:

Carcinoma left breast  
Primary breast

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 \_\_\_\_\_, 1936

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) R. L. Williams, M. D.

(Address) 117 E. Jackson Mexico, 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.

