

MAY 25 1936

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

Do not use this space.

16409

1. PLACE OF DEATH

County Putte Registration District No. 689
Township Putte Primary Registration District No. 3033
City Louisiana (No. Putte Co. Hospital) St. _____ Ward _____

2. FULL NAME

Charles Morris Shaw
(a) Residence, No. Reissman, Mo (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 4 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Putte Co., Mo

FATHER
13. NAME Junius A Shaw

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

MOTHER
15. MAIDEN NAME Joe Morris

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

17. INFORMANT Mrs. M. Mayfield
(ADDRESS) Louisiana, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Mo DATE 4/4 '36

19. UNDERTAKER J. C. Haley
(ADDRESS) Louisiana Mo

20. FILED 4/2 '36 J. C. Haley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-36

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1936 to 4-2, 1936

I last saw him alive on 4-2-36, 19____. Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Cerebral Hemorrhage
Other contributory causes of importance: Hypertension

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) J. C. Haley, M. D.
(Address) Louisiana 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.

