WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X7044

JUN 17 1936

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

Do not use this space.

19453

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2409

Township Raw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Northeast Hospital St. Ward)

2. FULL NAME Shaw, Mrs. Alvena

(a) Residence, No. St., Ward. Wellington, Missouri
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1878

7. AGE — YEARS: 57 — MONTHS: 10 — DAYS: 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Charles County, Mo.

FATHER

13. NAME Charles Gausman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) T. M. Shaw

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Wellington, Mo DATE 19

19. UNDERTAKER (ADDRESS) Duensing Funeral Home Wellington, Missouri

20. FILED May 13, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1936, to May 13, 1936

I last saw her alive on May 13, 1936. Death is said to have occurred on the date stated above, at 10:30 am.

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

	Date of onset
Acute appendicitis	
121	
Other contributory causes of importance:	
Peritonitis	

Name of operation Appendectomy Date of May 8

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) Dr. J. C. Beltram D.O., M. D.

(Address) Wellington Mo