

JAN 22 1937

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

Do not use this space.

31870-1

1. PLACE OF DEATH

County Gark Registration District No. 929
Township Pontias Primary Registration District No. 6279 File No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Nancy Shaw
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Shaw
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1990
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
46 2 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. common laborer
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) Pontias Mo

13. NAME Grace Mahan

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

15. MAIDEN NAME Ellen Sanders

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

17. INFORMANT (ADDRESS) D. H. Shaw Pontias Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pontias DATE Aug 24, 1936

19. UNDERTAKER (ADDRESS) G. W. Wilhoit Longview Mo

20. FILED Dec 20, 1936 Mary F. Johnson Registrar (Address) Gainesville Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw her alive on Aug 23 (4), 1936. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Head and Chest injury
Caused by fall from horse
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 23, 1936
Where did injury occur? Gark Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on highway
Manner of injury _____
Nature of injury Head & Chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. Stetson M. D.

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.

