

JAN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Waverly
City Bertrich (No. _____) St. _____ Ward _____

Registration District No. 48
Primary Registration District No. 5072

File No. 43723
Registered No. _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 19, 1936

I last saw h-im alive on Dec 19, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1936

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

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

Date of onset

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) _____

Acute taer - on collapse of lungs

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Summit Missouri

Name of operation _____ Date of _____

13. NAME Robert R. Shaw

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Hurdell Kansas

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME Grace (Cramer)

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Summit Missouri

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) R. R. Shaw

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bertrich Cemetery DATE Dec 20 1936

Nature of injury _____

19. UNDERTAKER (ADDRESS) R. R. Shaw

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED Dec 20 1936 Miss Carl Hall Registrar.

If so, specify (Signed) J. M. Smith, M. D. (Address) Amoret, mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH in plain terms.

