

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

Do not use this space.

JAN 15 1938

1. PLACE OF DEATH

County Juchanan
Township St. Joseph
City St. Joseph (No. St. Joseph's Hospital)

Registration District No. 1
Primary Registration District No. 1

File No. 44787
Registered No. 1392
St. Ward

2. FULL NAME Baby Girl 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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0

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) St. Joseph (STATE OR COUNTRY) Missouri

13. NAME Melvin Shaw

14. BIRTHPLACE (CITY OR TOWN) Stanberry (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mercedes Walker

16. BIRTHPLACE (CITY OR TOWN) DeKalb (STATE OR COUNTRY) Missouri

17. INFORMANT Melvin Shaw (ADDRESS) 618 Blake St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Curlin Cem. DATE Dec. 20, 1937

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Ave.

20. FILED Dec. 18, 1937 H. J. Neettlebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-19-37 to 12-19-37

I last saw h. alive on St. Joseph, 19 . Death is said to have occurred on the date stated above, at 4:45 a.m.

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

still born 12/19/37

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? 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? no
If so, specify

(Signed) Carl Dranson M. D.
(Address) 670 Frances St

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.

