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.

REC'D MAY 17 1938

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

Do not use this space.

15032

1. PLACE OF DEATH

51

County Johnson — Registration District No. 431 — File No.

Township Warrensburg — Primary Registration District No. 5588 — Registered No. 43

City ~~Warrensburg~~ (No. ..... St. ..... Ward)

2. FULL NAME Edna Shaw. 000

(a) Residence, No. ..... St., ... Ward. (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: Female
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: Nathianial Shaw.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July. 15, 1870

7. AGE: YEARS 67 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Mo. 0

FATHER

13. NAME: S. G. Hood 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Harriett Ann Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Steve Habcock. Warrensburg. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Knobnoster — DATE: May. 2, 38

19. UNDERTAKER (ADDRESS): Sweeney Phillips Warrensburg. Mo.

20. FILED: May 2, 1938 — Eva Gentry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1938

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

I last saw h..... alive on Sudden, 19.... Death is said to have occurred on the date stated above, at ..... m.

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

Drowning, accident?

Other contributory causes of importance: 183 / 32

Date of onset

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? Accident? Date of injury Apr. 30, 1938

Where did injury occur? N. of Warrensburg, Johnson, Mo (Specify city or town, county, and State)

Specify whether injury occurred ~~in industry, in home,~~ or in public place. Old quary hole, on private property.

Manner of injury: Drowning

Nature of injury: Drowning

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

If so, specify

(Signed) T. L. Bradley Coroner M. D.

391 (Address) Warrensburg Mo