

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

Do not use this space.

15516

REC'D MAY 17 1938

1. PLACE OF DEATH

County Pettis
 Township
 City Sedalia (No. _____)

Registration District No. 668
 Primary Registration District No. 3232

File No. 186135
 Registered No. 668 St. _____ Ward)

2. FULL NAME Sophia J. 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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William B. Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 22, 1853</u>		
7. AGE - YEARS <u>84</u>	MONTHS <u>4</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Pettis County, Missouri</u>	13. NAME <u>William M. Carter</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
15. MAIDEN NAME <u>Mary Ann Ellis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County, Missouri</u>		
17. INFORMANT <u>W. H. Shaw</u> (ADDRESS) <u>Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ellis farm</u> DATE <u>4-26-1938</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>4-25-1938</u> <u>Jesse Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from for several years to April 24, 1938

I last saw her alive on April 24, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

<u>Chc Myocarditis</u>	Date of onset <u>?</u>
<u>Arterio Sclerosis</u>	<u>?</u>

Other contributory causes of importance: 92 C-

Name of operation None Date of _____

What test confirmed diagnosis? Fundus 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?
 If so, specify _____
 (Signed) J. B. Carls M. D., M. D.
 (Address) Sedalia Mo
4-25-38

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.

