

SEP 20 1938

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

28609
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 174
 (b) Township Yellow-Creek Primary Registration District No. 403 Registered No. _____
 (c) City Rothville (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David F. Shaw

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF X Mattie Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 25th 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
91 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as 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) Saline Co Mo.

FATHER 13. NAME Fielding Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs Mattie Shaw
 (ADDRESS) Rothville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rothville DATE Aug 19 1938

19. FUNERAL DIRECTOR (NAME) S. L. Leopard
 (ADDRESS) Mendon Mo.

20. FILED Aug 24 1938 W. D. Stratton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1938, to Aug 18 1938
 I last saw him alive on Aug 17 1938 Death is said to have occurred on the date stated above, at 3:45 A M
 The principal cause of death and related causes of importance were as follows:
Fracture neck of femur
1934
 Date of onset 8-5-38

Other contributory causes of importance:
Arterio sclerosis with
Uremic complications

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 8-5- 1938
 Where did injury occur? In his home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury fall
 Nature of injury fracture femur

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) W. G. Duck M. D.
 (Address) Rothville, MO

RECEIVED
District Health Officer No. 8
District File Number 9/12/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signature: 

Licensed Embalmer No. 5970

P. O. Address Mendon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.