

REC'D JUN 12 1939

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

17272
Do not use this space.

791
1008

4806

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St Louis (d) Street No. Peoples Hospital St. 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 Myrtle H. Shaw

(a) Residence, No. 3968a Cook Avenue 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. music teacher
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jackson (STATE OR COUNTRY) Tenn

FATHER 13. NAME Marion Cunningham

14. BIRTHPLACE (CITY OR TOWN) Chesterville (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Dora Anderson

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Tenn

17. INFORMANT Marion Cunningham (ADDRESS) 3968a Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Tenn DATE May 28th 1939
Elmwood Cemetery

19. FUNERAL DIRECTOR J. H. Randle & Son (ADDRESS) 3133 Bell Avenue

20. FILED MAY 28 1939 J. H. Randle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1939, to 5-24, 1939

I last saw him alive on 5-24 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Ac. Intestinal Obstruction Date of onset 5-23/39

Other contributory causes of importance:

Appendicitis
operation for appendicitis
Name of operation Laparotomy Date of 5-20

What test confirmed diagnosis? clm Was there an autopsy? N

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 Henry Postmaster M. D.
(Signed) J. H. Randle & Son
(Address) 3133 Bell Avenue

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 750-37 I X12004

