

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

1751
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township St. Joseph, Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 1021 Sylvania 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert A. Shaw,

(a) Residence, No. 1021 Sylvania, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Shaw,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk,
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad,
 10. Date deceased last worked at this occupation (month and year) January 1937 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport, Iowa,

FATHER 13. NAME Robert A. Shaw,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER 15. MAIDEN NAME Mary Duncan,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) Mrs. Robert A. Shaw
1021 Sylvania Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE McAuburn DATE Jan'y 27, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Home
319 S. 10th. Str.

20. FILED Jan 27, 1940 H. J. Nestle
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 1-25-, 1940
 I last saw him on no record 1/25/40. Death is said to have occurred on the date stated above, at 12 m. noon
 The principal cause of death and related causes of importance were as follows:

Patient waked up a hill then up stairs + fell over dead. Was dead when I arrived. Probably coronary disease
 Date of onset no facts

Other contributory causes of importance: 948

Name of operation none Date of _____
 What test confirmed diagnosis? history 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) Paul Ferguson, M. D.
85 (Address) St. Joseph, Mo.

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.

SEP 23 1958

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,

1-25-40

or by

Registered Apprentice No., working under my personal supervision.

Signed

Wm E. Summer...

Licensed Embalmer No.

P. O. Address *319 So 15th St Joseph 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.