

No. 2
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-17-39
X47070

(Dr. Way)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23173**
Registrar's No. **95**

FILED JUL 9 1947
Registration District No. **360**

Primary Registration District No. **3076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Vernon**
(b) City or town **Neuada**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **510 East Cherry St. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **17 yrs.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon** **108**
(c) City or town **Neuada** **1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **510 East Cherry** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Enos Marion Shaw

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary Shaw** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **April 23 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **2** Days **4** If less than one day hr. _____ min. _____

9. Birthplace **Hillsborough Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (retired)**

11. Industry or business _____

MOTHER FATHER
12. Name **Newton Shaw**
13. Birthplace **unknown** **Ill.** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Rachel** **unknown**
15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Shaw (wife)**
(b) Address **510 East Cherry St.**

17. (a) **Removal** (b) Date thereof **June 29 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knoxville Cemetery**

18. (a) Signature of funeral director **Hayes Funeral Service**
(b) Address **Neuada Mo.**

19. (a) **6-30-47** (b) **Rathbone Yancy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **27** year **1947** hour **3** minute **20** P. M.

21. I hereby certify that I attended the deceased from **APRIL 10 1947** to **JUNE 27 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC ARTERIO-VASCULAR RENAL DISEASE**

Due to **unknown**

Due to **heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

Duration **8 mo**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Rathbone Yancy** (M. D. or other) **0**
Address **Neuada Mo.** Date signed **6-26-47**

