

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

Do not use this space.

JAN 9 1935

44119

File No. \_\_\_\_\_  
Registered No. 149  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Ray Registration District No. 744  
Township Richmond Primary Registration District No. 3035  
City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Clara Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 6, 1888</u>		
7. AGE	YEARS	MONTHS
<u>51</u>	<u>0</u>	<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<u>Farmer</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>Ray County, Mo</u>		
13. NAME <u>Samuel W Shaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Mo</u>		
15. MAIDEN NAME <u>Julia Ann Clark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray County, Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs Clara Shaw</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond, Mo</u>		
19. UNDERTAKER (ADDRESS) <u>Wm Wagoner</u>		
20. FILED <u>1-9 1935</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on Dec 24, 1934 Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Gastritis  
Other contributory causes of importance:  
Chronic Myocarditis  
Gastritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What last confirmed diagnosis Chronic Myocarditis Was there an autopsy? Yes

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) E. C. Fay  
(Address) Richmond 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.

