

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

31177
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 100
 (c) City R. C. Mo (d) Street No. Trinity Lutheran No. 100 Registered No. 3474
 (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. St. Mo.

2. PRINT FULL NAME Silas Shaw
 (a) Residence, No. Ottawa Kansas 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 May M. Marcur Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1871

7. AGE YEARS 67 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

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. Farmer 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

FATHER 13. NAME Samuel M. Shaw 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

MOTHER 15. MAIDEN NAME Lucretia Hobbs 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

17. INFORMANT (ADDRESS) Mrs. J. M. Crooks "Daughter"
Ottawa Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Ks. DATE 9/4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine-Meekins
Kansas City Mo

20. FILED Sept. 4 1938 M. M. Osborne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938 to Sept 4, 1938
 I last saw him alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 5 4 m.
 The principal cause of death and related causes of importance were as follows:
Nephritis following
Operation for
Pyelostomy. Date of onset

Other contributory causes of importance: 1 mo

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed) H. S. Hickok 1, M. D.
 (Address) 1025 Rolla Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

130

W. Nickol

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,

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Primary Registration District No. 1002 Registered No. 3474
 (c) City R.C. (d) Street No. Sanity Lutheran Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence (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 Silas Shaw

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as bank 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/4 1938 Dr. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m.

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

Acute Nephritis following operation of Cystostomy
 Date of onset 137

Other contributory causes of importance:

Trans Sturge Operation for prostatic enlargement plus 7.10.10
 Name of operation Date of
 What test confirmed diagnosis? 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?

If so, specify

(Signed) H. A. Hickok M. D.

(Address) 1025 Rialto Bldg

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-31177