NOV 20 1935

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

Do not use this space.

File No. 32249

Registered No. 14

1. PLACE OF DEATH

County Cole — Registration District No. 214

Township Moreau — Primary Registration District No. 5294

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Arvilla Shikles

(a) Residence, No. Russellville, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.26th,1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Russellville, Missouri

FATHER

13. NAME Jeff Templeton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME Mary Jane Shikles

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

17. INFORMANT H.H.Shikles
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. DATE Sept.6th,1935

19. UNDERTAKER G.N.Steffens
(ADDRESS) Russellville, Mo.

20. FILED Oct. 5, 1935 Mrs. Mabel Barbour
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct.4th,1935, 19

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935, 19, to Oct. 4, 1935, 19. I last saw her alive on Oct 4, 1935, 19. Death is said to have occurred on the date stated above, at 5- Am.

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

	Date of onset
Chronic Hydronephrosis	Indefinite

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Walter L. Leslie, M. D.
(Address) Russellville 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.

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

MARGIN RESERVED FOR BINDING

U.S. No. 2
100M-11-24-33