

**JAN 20 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

44604

**1. PLACE OF DEATH**

County Iron  
Township Arcadia  
City Arcadia (No. ....)

Registration District No. 391  
Primary Registration District No. 5542a

File No. ....  
Registered No. 75 St. .... Ward)

**2. FULL NAME** Florence Shuler

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 19 36

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936, to Dec. 3, 1936

I last saw her alive on Dec 2, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8 - 1867

to have occurred on the date stated above, at 2:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 3 25

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

Chronic Myocarditis ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wisconsin (STATE OR COUNTRY)

Name of operation ..... Date of .....

MOTHER FATHER 13. NAME Elery Gault

What test confirmed diagnosis? ..... Was there an autopsy? NO.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

15. MAIDEN NAME unknown

Where did injury occur? (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Walter Shuler (ADDRESS) Ironton Mo.

Manner of injury .....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury .....

PLACE Arcadia Mo. DATE Dec. 6, 19 36  
K. P. Cemetary

19. UNDERTAKER White & Son Ironton Mo. (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? NO.

20. FILED Dec 7, 19 36 R. A. Rasche Registrar.

If so, specify G. C. Anson (Signed) Ironton, Mo, M. D. (Address)

Exact statement of OCCUPATION is very important.

