

AUG 24 1938

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

25399

Do not use this space.

## 1. PLACE OF DEATH

(a) County Grundy Registration District No. 326  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4196 Registered No. 12  
 (c) City Spickard (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

## 2. PRINT FULL NAME

Goldie Ethel Irvin  
 (a) Residence, No. Spickard Mo 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 Female 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 James A Irvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 6 20

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

12. BIRTHPLACE (CITY OR TOWN) Grundy County 0  
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME William Stanly Arbuckle 0  
 14. BIRTHPLACE (CITY OR TOWN) Grundy County Mo 0  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Gowty  
 16. BIRTHPLACE (CITY OR TOWN) Grundy County Mo  
 (STATE OR COUNTRY)

17. INFORMANT James A Irvin  
 (ADDRESS) Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL Maple Grove Trenton DATE July 15 1938

19. FUNERAL DIRECTOR Chas E Schooler  
 (ADDRESS) Spickard Mo

20. FILED July 15, 1938 Mrs. Wilcox Vaughn Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to July 13, 1938  
 I last saw her alive on July 13, 1938. Death is said to have occurred on the date stated above, at 5:30 A. m.

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

Organic Heart Disease Date of onset 1931

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) E W Ewing, M. D.

(Address) Spickard Mo

STATEMENT BY LICENSED EMBALMER

I, Chas E Scholer, Licensed Embalmer No. 3103

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ross Wise

Miriam L. E.

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....  
Licensed Embalmer No. ....

**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.)**