

SEP 21 1938

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

28723
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper Registration District No. 222
(b) Township Pilot Grove Primary Registration District No. 4135
(c) City Pilot Grove (d) Street No. _____ Registered No. 7
(e) Length of residence in city or town where death occurred 57 yrs. 00 mos. 00 ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) Marchia (If long in U. S., if of foreign birth? yrs. mos. ds. _____)
2. PRINT FULL NAME Martha Mae Shay (Schoen) 56
(a) Residence, No. near Pilot Grove, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-38 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1938, to Aug 5th, 1938.
I last saw h. alive on Aug 5th, 1938. Death is said to have occurred on the date stated above at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13-1880

Cerebral Hemorrhage Date of onset 8-3-38

7. AGE YEARS 57 MONTHS 9 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance: Arterial Hypertension

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Aug 5-1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

13. NAME Fred W. Wledge

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

15. MAIDEN NAME Illie Ann Kirkman

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

17. INFORMANT (ADDRESS) Miss Mary Shay Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE 8-8-38

19. FUNERAL DIRECTOR (ADDRESS) Hays & Stecklein Pilot Grove, Mo

20. FILED Aug 8 1938 Mrs. E. B. McCutcheon Local Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

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) W. J. Brown, M. D.
(Address) Blackwater, 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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9/7/38

STATEMENT BY LICENSED EMBALMER

I, FE Hayes, Licensed Embalmer No. 3074,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by FE Hayes
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed FE Hayes
Licensed Embalmer No. 3074

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.)