NOV 15 1938

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

35770
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy — Registration District No. 326
(b) Township Franklin — Primary Registration District No. 4196 — Registered No. 16
(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 Arrah Lee Shaw
(a) Residence, No. ____ St.
(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: 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 Gaylord Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	7	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spickard Mo

FATHER
13. NAME George Gates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putman Co Mo

MOTHER
15. MAIDEN NAME Retta Schooler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

17. INFORMANT (ADDRESS) Gaylord Shaw Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cem DATE Oct 24 1938

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

20. FILED Oct 24 1938 Mrs Wilbur Vaughn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Oct 22, 1938
I last saw h. alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 11:40 Am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1932

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 M Gunn, M. D.
(Address) Spickard Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

Ross Wise, or by .....

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

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.