

AUG 4 1939

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

26086

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467  
(b) Township Aurora Primary Registration District No. 4280  
(c) City Aurora or (d) Street No. 830 Park Ave. Registered No. 45  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Fannie Shaw

(a) Residence, No. 830 Park Ave. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Shaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 19-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 10 2

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) Ill,

13. NAME Syrus Clark  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Eliza Ouals,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mr Wm Clark  
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE 7/22, 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. King  
Aurora Mo.

20. FILED 6-31, 19 39 R. D. Cowan M. D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1939, to July 21, 1939  
last saw her alive on July 18, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

General dropical condition following chronic myocarditis  not known  
Date of onset

Other contributory causes of importance: None

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? no  
If so, specify \_\_\_\_\_  
(Signed) J. M. Smith M. D.  
(Address) 121 W. Pleasant Aurora Mo.

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**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, or by.....

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

Signed

*Herman Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Aurora, Ill.*

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

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