

SEPTEMBER 11 1939

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

44524
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois ³ Registration District No. 773
(b) Township St. Francois ¹ Primary Registration District No. 6.018A
(c) City Near Farmington (d) Street No. State Hospital 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 ⁰⁰⁰ Allie B. Shaw

(a) Residence, No. Salem, 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 6 22

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

12. BIRTHPLACE (CITY OR TOWN) Oregon Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME James Parker
14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Lee Shaw (ADDRESS) Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walker Cem. DATE 12/24/39 19.

19. FUNERAL DIRECTOR (NAME) Carl H. Spencer (ADDRESS) Salem, Mo.

20. FILED DEC 31, 1939 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 19 39, to 12-22, 19 39

I last saw h. OK alive on 12-22, 19 39. Death is said to have occurred on the date stated above, at 11:05 m. P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
generalized & marked

Date of onset

Other contributory causes of importance: 97

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) Jes. R. Mulkey, M. D.
(Address) Farmington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

FORM-9-19-38
I X18605

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

Signed Wm. W. McDonald
Licensed Embalmer No. 3806
P. O. Address Wm. W.

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.)

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

Salem, Mo.