JUL 19 1938

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

21750
Do not use this space.

1. PLACE OF DEATH
(a) County: Dent
(b) Township: Gladden
(c) City:
Registration District No.: 922
Primary Registration District No.: 1223
Registered No.:
(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: Wendell F. Shay
(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: Male
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: Ruth Shay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 7th. 1896
7. AGE: Years 42 | Months 1 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.: Normandy High School Normandy, Mo.
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): N. Y. State

FATHER
13. NAME: Clark Shay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y. State

MOTHER
15. MAIDEN NAME: Emma Freeland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y. State

17. INFORMANT: Ruth Shay
(ADDRESS) 1617 Lucas & Hunt Rd. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks DATE: 6-2-38, 19

19. FUNERAL DIRECTOR: Carl K. Spencer
(ADDRESS) Salem, Mo.

20. FILED: 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 19, to May 29, 1938
I last saw him alive on May 29, 1938. Death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Delatation of right ventricle	May 29

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

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) E. Butler M.D. Deputy Coroner, M.D.
(Address) Salem, Missouri

(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, Carl K Spencer, Licensed Embalmer No. 2370

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Carl K Spencer

Licensed Embalmer No. 2370

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

21750
Do not use this space.

1. PLACE OF DEATH
(a) County: Dent — Registration District No.: 997
(b) Township: Gladden — Primary Registration District No.: 6238 — Registered No.:
(c) City: — (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: Wendell F. Shay
(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: Male
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: Ruth Shay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 7, 1896
7. AGE: Years 42 — Months 1 — Days 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.: Normandy High School
10. Date deceased last worked at this occupation (month and year): School
11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y. State

FATHER
13. NAME: Clark Shay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y. State

MOTHER
15. MAIDEN NAME: Irma [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y. State

17. INFORMANT (ADDRESS): Ruth Shay, 1619 Lucas Hunt Rd. St. Louis
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks DATE: 6-2-1938
19. FUNERAL DIRECTOR (ADDRESS): Carl K. Spencer, Salem, Mo.
20. FILED: Aug 24 1938 Mrs. Ettta Mase, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to May 29, 1938.
I last saw him alive on May 29, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

acute dilatation of rt ventricle

Date of onset

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis: Post Mortem Was there an autopsy? yes

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) F. E. Butler Dr. M. D.
(Address) Salem, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY