

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

PLACE OF DEATH

County Johnson
Township Chilhowe
or
Village Magnolia
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 470 File No. 38007
Primary Registration District No. 3581 Registered No. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Francis Albert Shoemaker

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>March 1, 1936</u> (Month) (Day) (Year)		
AGE <u>80 yrs. 8 mos. 3 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		

BIRTHPLACE (City or town, State or foreign country)
Wates Co. N.Y.

PARENTS	NAME OF FATHER <u>Jacob Shoemaker</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wates Co. N.Y.</u>
	MAIDEN NAME OF MOTHER <u>Anna Traven</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wates Co. N.Y.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F.A. Shoemaker
(ADDRESS) Magnolia MO

Filed Nov 4, 1916 W.L. Maister
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 5, 1916, to Nov 4, 1916, that I last saw him alive on Nov 4, 1916, and that death occurred, on the date stated above, at 10³⁰ a.m.
The CAUSE OF DEATH* was as follows:

Senile Gangrene of leg.
970 (Duration) 14 2/3 yrs. 2 1/2 mos. 12 ds.
974 Contributory arterio-sclerosis
(SECONDARY) (Duration) several yrs. 1 mos. 0 ds.
(Signed) W.L. Maister M. D.
Nov 4, 1916 (Address) Chilhowe Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. ___ mos. ___ ds. In the State yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Risgah</u>	DATE OF BURIAL <u>Nov 5, 1916</u>
UNDERTAKER <u>S.R. Sweeney</u>	ADDRESS <u>Chilhowe Mo</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite: cerebrospinal meningitis); *Diphtheria* ("Croup"); *Typhoid fever* (new pneumonia); *Lobar pneumonia* ("Pneumonia," unqualified, is indicative of lungs, meninges, peritonaeum,

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—Poisoned by carbolic acid—probably suicide.* Nature of the injury, as fracture of skull, abscesses (e. g., *sepsis*, *tetanus*) may be stated head of "Contributory." (Recommendations of cause of death approved by Commission of Nomenclature of the American Medical Association)

Primary Registration District

HUGH STEPHENS, JEFFERSON CITY.



Registration District No.