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

Do not use this space.

30170

NOV 28 1927

1. PLACE OF DEATH
County: Holt
Township: Lincoln
City: ..... (No. ..... St. ..... Ward)

Registration District No. 368
Primary Registration District No. 5514

File No. .....
Registered No. 6 Eyde

2. FULL NAME: David Showalter

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Mrs Edee (Baker) Showalter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17-1850

7. AGE: Years 77 | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Ashland Co.
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Joseph Showalter

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: Christina Elwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Herman Wright
(Address): Craig, Mo.

15. FILED 10/[illegible] 1927 Lloyd A Dankers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 20, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Oct-20-, 1927, to Oct-20-, 1927, that I last saw him alive on Oct-20-, 1927, and that death occurred, on the date stated above, at 8:30-P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydrocin Murmitis
Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF? —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. W. Nunnum, M. D.
10/21-1927 (Address) Craig Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Peaches Grove Cemetery
DATE OF BURIAL: 10/23 1927

20. UNDERTAKER: H H Schooler
ADDRESS: Fairfax Mo

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.