

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

Do not use this space.

16830

**1. PLACE OF DEATH**

County Green

Registration District No. 318

Township Springfield

Primary Registration District No. 5439

City Springfield (No.         )

File No.         

Registered No. 366

St.          Ward         

**2. FULL NAME**

Eugene Stewart Shumate

(a) Residence, No. 116 Springfield Ave Ward         

(Usual place of abode)

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

M

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Infant

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 5-12-1928

**17. I HEREBY CERTIFY** That I attended deceased from 5-11-1928 to 5-12-1928

that I last saw him alive on 5-11-1928, and that death occurred, on the date stated above, at 7 4 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth

159 / 161A (duration) yrs. mos. ds. 8 1/2 hrs

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Feller M. D.

5-12, 1928 (Address) Springfield Mo

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Springfield Mo

**10. NAME OF FATHER**

Rose L Shumate

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Farmville Mo

**12. MAIDEN NAME OF MOTHER**

Hedgie G. Alsop

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Seniors Mo

**14.**

INFORMANT Father Rose L Shumate

(Address) Springfield Mo R 46

**15.**

FILED 5-12-28 O. Horst REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Brick Church Green

**DATE OF BURIAL**

May 12, 1928

**20. UNDERTAKER**

Eugene Stewart Shumate

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.

Dr. Hunt