

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

Do not use this space.

16898

**1. PLACE OF DEATH**

County Henry  
Township Beav Creek  
City Beav Creek (No.       )

Registration District No. 352  
Primary Registration District No. 5494

File No.         
Registered No. 6  
St.        Ward       

**2. FULL NAME**

Daniel Shoemaker

(a) Residence, No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day,        hrs. or        min.  
86 | 2 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(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) Kentucky

PARENTS

10. NAME OF FATHER Benjamin Shoemaker

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

12. MAIDEN NAME OF MOTHER Katie Ellis

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

14. INFORMANT Leyners Shoemaker  
(Address) Beav Creek

15. FILED 5/18, 28  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17, 1928

17. I HEREBY CERTIFY That I attended deceased from May 12, 1928, to May 17, 1928 that I last saw        alive on May 17, 1928, and that death occurred, on the date stated above, at        p.m.

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

Influenza  
118  
(duration)        yrs.        mos. 7 ds.  
CONTRIBUTORY (SECONDARY) 118  
(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) Hy Miller, M.D.  
5/18, 19 (Address) Montrose 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 Beav Creek DATE OF BURIAL        19       

20. UNDERTAKER J Lennartz ADDRESS Montrose

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1984  
FBI - MEMPHIS  
A

AG - MEMPHIS  
OFFICE

Form of Information  
I. H. - P. -

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

Country Henry Registration District No. 352 File No. ....  
 Township Bear Creek Primary Registration District No. 5494 Registered No. 6  
 City (No. ....) St. .... Ward .....

**2. FULL NAME**

Daniel Shoemaker

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) .... yrs. .... mos. .... ds.  
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED

May 18, 1928 J. M. Miller  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17, 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

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)....., M. D.

, 19 (Address)

\*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 DATE OF BURIAL

May 18, 1928

20. UNDERTAKER

ADDRESS

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

SUPPLEMENTARY

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