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.

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

Do not use this space.

23917

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1602 — Registered No. [illegible]
City Kansas City (No. Kansas City Genl Hosp. St. ..... Ward)

2. FULL NAME ~~Shoemaker G. O.~~ Clarence O Shumate
(a) Residence. No. 2510 E. 10th St., 9 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-6-1876
7. AGE: Years 51 — Months 10 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Welder
(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): Mo

PARENTS
10. NAME OF FATHER: James A. Shumate
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Mary Snope
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Rewd Clerk
(Address) K. C. General Hosp.
15. FILED 7/16, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-15 1928
17. I HEREBY CERTIFY, That I attended deceased from 7-14, 1928, to 7-15, 1928, that I last saw him alive on 7-15, 1928, and that death occurred, on the date stated above, at 9:07 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
75 a
(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? Clin Findings
(Signed) P E Williams, M. D
7-16, 1928 (Address) Supt K. C. Genl Hosp.

*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: Eskridge Kans — DATE OF BURIAL: 7-17 1928
20. UNDERTAKER: O V Mast — ADDRESS: 1915 E 15