JAN 22 1929

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

Do not use this space.

40077

File No. .....

Registered No. 30

1. PLACE OF DEATH

County Texas Registration District No. 934

Township Jerico Primary Registration District No. 463

City Bunker (No. ..... St. ..... Ward)

2. FULL NAME Annie Shoemburger

(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: F

4. COLOR OR RACE: W

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22 1911

7. AGE: Years 17 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(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): Texas

PARENTS

10. NAME OF FATHER: Dorst Shoemburger

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

12. MAIDEN NAME OF MOTHER: Dorst Shoemburger

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

14. INFORMANT: Golden Brazes
(Address): Bunker Mo

15. Jan 1, 1928 J. B. Gordon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 20, 1928 that I last saw h. liv. alive on Dec 21, 1928, and that death occurred, on the date stated above, at 9 o p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pneumonia of Lungs
105 F
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) T.B.
(duration) ..... yrs. ..... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Collen
(Signed) J. B. Gordon M. D
, 19 (Address) Bunker 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: Bunker Mo — DATE OF BURIAL: Dec 23 1928

20. UNDERTAKER: J. Sweyer — ADDRESS: Bunker 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.