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

Do not use this space.

40836

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kansas City (No. Old City Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 615212
Registered No. 5212

2. FULL NAME: Henry Shoemaker
(a) Residence. No. 2003 Park St., 11 Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 31 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Genevieve Shoemaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 13, 1878

7. AGE: Years 50 | Months 3 | Days 2 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Farm
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Thomas Shoemaker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Josephine Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Matilda Porter
(Address): 2005 Park

15. FILED 12/17, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 15, 1928 that I last saw him alive on Dec 15, 1928, and that death occurred, on the date stated above, at 5:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
131 Cardiac Decompensation
93C
95B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Interstitial Nephritis
Chronic Myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 9 as
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical Lab - autopsy
(Signed) H. M. Smith, M. D
12/16, 1928 (Address) General Hospital #2

*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: Highland Cem.
DATE OF BURIAL: Dec. 18, 1928

20. UNDERTAKER: Adkins Bros
ADDRESS: 2000 E. 12th

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.