

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.

1789

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Law

Primary Registration District No. 1002

City Kansas City

(No. 3641 Central)

File No. 381

Registered No. 381

St. Central Ward 1

2. FULL NAME Garnet Shumate

(a) Residence. No. 3641 Central

(Usual place of abode)

St. Central Ward 1

(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) Jul 7th 1907

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, 17 hrs.

or 5 min.

21

5

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Stenographer

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

K.C. Life Ins. Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John C. Shumate

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Helen Wigginton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14.

INFORMANT

(Address)

J. D. Mashburn
3641 Central

15.

FILED

25-29 M. M. Lippie
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 24th 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 14

1929, to Jan. 24, 1929

that I last saw him alive on Jan. 14, 1929, and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
139 Chronic nephrosia
(duration) 131 yrs. 139 mos. 131 ds.

CONTRIBUTORY

Acute pyelitis

(SECONDARY)

(duration) 131 yrs. 139 mos. 131 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? 0 DATE OF

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings

1/25 (Signed) Rushthorn, M. D.
1929 (Address) 214 Medical Arts

*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

Seymore, Mo.

1/25/29

20. UNDERTAKER

F. V. Lindsey & Sons

ADDRESS

KC Mo

