

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

Do not use this space.

Wm. 11
38036

1. PLACE OF DEATH

County Pitts
Township Sedalia
City Sedalia (No. 1518)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 330
St. _____ Ward _____

2. FULL NAME

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20-1924

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) _____

10. NAME OF FATHER Leonard Shoemaker

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

12. MAIDEN NAME OF MOTHER Verna Gimple

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

14. INFORMANT Leonard Shoemaker
(Address) Sedalia

15. FILED 1-30-29 J. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Nov. 28, 1929
(that I last saw h. alive on Nov. 27, 1929, and that death occurred, on the date stated above, at 11 a. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inability to take and assimilate nutrition being only 1 week old 3rd one of triplets born Nov 20th weighing 3 lbs. each. (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 15 160 (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) J. H. Wheeler, M. D.

19 (Address) Sedalia 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Crown Hill DATE OF BURIAL 11/28 1929

21. UNDERTAKER Gillespie ADDRESS Sedalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. 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.

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