

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

Do not use this space.

40164

1. PLACE OF DEATH

County Dade
Township Lackwood
City Mo. (No. _____)

Registration District No. 238
Primary Registration District No. 5324

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

2. FULL NAME

James K. Shumaker

(a) Residence, No. _____ St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 25 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

Patience

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 15 - 1853

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>3</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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)

Penn

10. NAME OF FATHER

Abraham Shumaker

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

Belair

12. MAIDEN NAME OF MOTHER

Lucie Barber

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

Penn.

14. INFORMANT (Address)

J. K. Shilms and Gertrude Helgen

15. FILED

12-26 1929
J. A. Wren
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1929 to Dec 25, 1929 that I last saw alive on Dec 25, 1929, and that death occurred, on the date stated above, at 8:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
11B
99 (duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) James P. Wren, M. D.
. 19 (Address) Lackwood Md

*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

Lackwood Cem DATE OF BURIAL Dec 26 1929

20. UNDERTAKER

W. J. Caldwell ADDRESS Lackwood Md

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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