

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

Do not use this space.

18296

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 4408 East 24th)

Registration District No. 389
Primary Registration District No. 100

File No. 2441
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Isaac Wade Shoemaker

(a) Residence, No. 4408 East 24 St., 17th

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5-1846

7. AGE YEARS 84 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greencastle, Indiana

FATHER 13. NAME William Shoemaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marytown, Indiana

MOTHER 15. MAIDEN NAME Ether King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marytown, Indiana

17. INFORMANT (ADDRESS) Addie Shoemaker, 4408 East 24th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon, Mo DATE June 2, 1931

19. UNDERTAKER (ADDRESS) Carson Ind, Mo

20. FILED 91 1931 M. M. Berow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to May 31, 1931

I last saw him alive on May 31, 1931. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio Sclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Wm M Dams, M. D.
(Address) 1700 E. Pers

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.

