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.

MAY 28 1932

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

Do not use this space.

11933

1. PLACE OF DEATH

21 County Chariton — Registration District No. 176

Township Cunningham — Primary Registration District No. 5244

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 6

2. FULL NAME Benjamin Franklin Shoemaker

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	7	16	

OCCUPATION

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

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

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) ~~Godfrey Ill~~ Cisco Ill 2

FATHER

13. NAME John Shoemaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

MOTHER

15. MAIDEN NAME Julia A. Garrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Ada Shoemaker Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL 1007 Cemetery

PLACE ~~Cunningham~~ Sumner Mo DATE April 25 1932

19. UNDERTAKER (ADDRESS) S. L. Leipard Mendon Mo

20. FILED April 25, 1932 A L Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Apr 22, 1932

I last saw him alive on Apr 20, 1932 Death is said to have occurred on the date stated above, at 11 15/6 m.

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

Cardiorenal insufficiency — Date of onset Prior to 1929

131 / 95B

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No

If so, specify .....

(Signed) J M Hardy, M. D.

(Address) Sumner Mo