

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

Do not use this space.

9769

1. PLACE OF DEATH

County JACKSON Registration District No. 300
 Township KAW Primary Registration District No. 1002
 City KANSAS CITY (No. 3703-PENNSYLVANIA) St. 1003 Ward

2. FULL NAME

MRS. MAY A SHUMATE

(a) Residence, No. 3703-PENIV St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> (OR) WIFE OF <u>DR. D. L. SHUMATE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u>		
7. AGE	YEARS	MONTHS
<u>ABOUT 56</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>NONE</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>131</u>
	10. Date deceased last worked at this occupation (month and year)	<u>132</u>
11. Total time (years) spent in this occupation		<u>10</u>
12. BIRTHPLACE (CITY OR TOWN) <u>SEDALIA</u> (STATE OR COUNTRY) <u>MISSOURI</u>		
FATHER	13. NAME	<u>JAMES BLACK</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>UNKNOWN</u>
MOTHER	15. MAIDEN NAME	<u>UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>UNKNOWN</u>
17. INFORMANT <u>DR. D. L. SHUMATE</u> (ADDRESS) <u>3703-PENNSYLVANIA AVE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CREMATION</u> DATE <u>MARCH-24 1933</u>		
19. UNDERTAKER <u>D. W. NEWBOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>		
20. FILED <u>3-23 1933</u> <u>M. M. Crowe</u> <u>act</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-22 1933

22. I HEREBY CERTIFY, That I attended deceased from MARCH 1927, to MARCH 22 1933
 I last saw h. m. alive on Feb 15 1933. Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Meningia
Chronic nephritis
hypertension
 Date of onset 11/10/32
 1925

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? L (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) Henry J. Bohan, M. D.
 (Address) Mid. Ark Bldg. C. 20

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.

12:30-5