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.

AUG 22 193

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

Do not use this space.

1. PLACE OF DEATH
County Cedar — Registration District No. 163 — File No. 22581
Township — Primary Registration District No. 4095 — Registered No. [illegible]
City El Dorado Springs (No. ..... St. ..... Ward)

2. FULL NAME Minerva E 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-17-1845

7. AGE — YEARS 88 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Chas Mays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir

MOTHER
15. MAIDEN NAME Mary Maddox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Mrs Grace Hayden
(ADDRESS) Anthony Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 7-15 1933

19. UNDERTAKER Gwinn Siders
(ADDRESS) El Dorado Springs Mo

20. FILED 7/15 1933 J. W. Dawson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14- 1933

22. I HEREBY CERTIFY That I attended deceased from Aug 1913 to to July 14, 1933
I last saw her alive on July 13, 1933. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endo Cordites	
92 B	
11 B	
120 P	

Other contributory causes of importance:
Flue

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) L. T. Dunaway, M. D.
(Address) El Dorado Springs Mo