

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

Do not use this space.

32501

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Musselfork Primary Registration District No. 52.50
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 52

2. FULL NAME

Alfred Junior Shoemaker
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>5</u>	<u>8</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>✓</u>
	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)	<u>Chariton Co</u>	
FATHER	13. NAME	<u>Robert Shoemaker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Chariton Co</u>
MOTHER	15. MAIDEN NAME	<u>Pearl Hess</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Chariton Co</u>
17. INFORMANT (ADDRESS)	<u>Robert Shoemaker</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE	<u>White Church</u>	DATE <u>Oct 14</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS)	<u>Wendel Meyer</u>	
20. FILED	<u>10-15</u> 19 <u>33</u>	<u>E. W. Harrison</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-8 1933, to 10-13 1933
I last saw him alive on 10-13 1933 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Diphtheria-pharyngeal Date of onset 10-4-33
10
93A
Other contributory causes of importance:
Acute Myocarditis 10-12-33

Name of operation _____ Date of _____
What test confirmed diagnosis? Serology 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. L. Shoemaker M. D.
(Address) Salisbury, Mo

WHITE PAPER

STATE BUREAU OF INVESTIGATION

S-32901