

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

Do not use this space.

MAR 24 1934

18-A

1. PLACE OF DEATH

County Adair
 Township _____
 City Kirksville (No. _____)

Registration District No. 4
 Primary Registration District No. 3001

File No. _____
 Registered No. 29 St. _____ Ward _____

2. FULL NAME

Daniel K. Shuman
 (a) Residence, No. 805 South Florence St. 4 Ward _____
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Peter Shuman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-4-1836
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 2 4

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

13. NAME Daniel Shuman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blaine Penn.

15. MAIDEN NAME Katherine Kellar

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

17. INFORMANT Miss Elizabeth Shuman (ADDRESS) 805 S. Florence Kirksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Libb DATE 2-11- 1934

19. UNDERTAKER Res. Riley (ADDRESS) Kirksville Mo

20. FILED Feb 11 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1934

22. I HEREBY CERTIFY, That I attended deceased ^{once} from Jan. 15 1934, to Jan. 15 1934
 I last saw him alive on Jan. 15 1934 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:
Subimities of old age.
General debility & refusal to eat Date of onset 11-30-33

Other contributory cause 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? No.
 If so, specify _____ (Signed) George E. Ginn, M. D.
 (Address) Kirksville, Mo.

WRITING 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.

