FEB 27 1934

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

Do not use this space.

2101

File No.

Registered No. 21.

1. PLACE OF DEATH

County Lawrence

Registration District No. 653

Township Bragg City Aurora

Primary Registration District No. 5871

City (No. St. Ward)

2. FULL NAME Myrtle Shomaker

(a) Residence, No. (Usual place of abode) Bragg City St., Ward.

(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 F

4. COLOR OR RACE W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floyd Shomaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1913

7. AGE: YEARS 20 MONTHS 6 DAYS 7 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. None

10. Date deceased last worked at this occupation (month and year) 1-26-1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caster Co. Mo.

FATHER

13. NAME John Grant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Vina Pullian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti Mo.

17. INFORMANT (ADDRESS) Jas A Wood Bragg City

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Gunnison DATE 1-29 1934

19. UNDERTAKER (ADDRESS) H. & J. Smith Caruthersville Mo

20. FILED 1-29 1934 Jno O Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1934, to 1-28, 1934

I last saw her alive on 1-28, 1934. Death is said to have occurred on the date stated above, at 9 a.m.

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

Auto mobile accident 1/27-34

Fractured skull and neck broken

Other contributory causes of importance:

Fell off Runningboard of Car on Highway 84 & walked west of Hayti

Date 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? accident Date of injury 1-27, 1934

Where did injury occur? Highway #84.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Public Highway

Manner of injury Fell off Car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J W Rhodes, M. D.

(Address) Hayti, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.