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

Do not use this space.

5325

MAR 20 1935

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township ~~Kaw~~ — Primary Registration District No. — Registered No. 316
City Kansas City (No. 2601 Chestnut St. Ward)

2. FULL NAME Mrs. Margaret F Shoemaker
(a) Residence, No. 2601 Chestnut 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1859

7. AGE: Years 75 — Months 2 — Days 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Keokuk (STATE OR COUNTRY) Iowa

FATHER
13. NAME James Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Regan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs John E Reigh
(ADDRESS) 2601 Charlotte St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy, Ill DATE Feb 8 1935

19. UNDERTAKER Quirk & Tobin Co
(ADDRESS) 20 West Linwood

20. FILED 2/8 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1935, 19

22. I HEREBY CERTIFY, that I attended deceased from Oct 12 1934 to Feb 8 1935, 19..
I last saw her alive on Feb 7 1935, 19.. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Edema — 12 hrs — Date of onset
75
Other contributory causes of importance: Chronic Myocarditis — Last seen by me
Chronic Nephrolithiasis
Name of operation ..... Date of ..... Was there an autopsy?
What test confirmed diagnosis? Clyde Frame

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) Geo F Shannel, M. D.
(Address) 700 Reddy Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD