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.

MAY 21 1935

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

Do not use this space.

11910

1. PLACE OF DEATH
County Benton — Registration District No. 59 — File No.
Township Cole — Primary Registration District No. 5099 — Registered No. ~~24~~ 15
City (No. , St. Ward)

2. FULL NAME Thomas 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 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 ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3rd 1849
7. AGE YEARS 85 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1920
11. Total time (years) spent in this occupation 55

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

FATHER
13. NAME Oliver Shoemaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Viney Simon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) Mrs Julius Shoemaker 11 Lincoln Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Smoky Cem DATE Apr 30 1935
19. UNDERTAKER (ADDRESS) Friends
20. FILED 5-3- 1935 Sue Selover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29, 1935
22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1935, to Apr 25, 1935
I last saw him alive on Apr 25, 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset Apr 19 35
108
Other contributory causes of importance: age
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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) Chas J Wiest, M. D.
(Address) Stover Mo