

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

Do not use this space.

JUN 21 1935

15883

1. PLACE OF DEATH

County Osage Registration District No. 190
 Township Jackson Primary Registration District No. 5272
 City Jackson St. _____ Ward _____

2. FULL NAME Edna H. Shuman

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lutie Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	6	3	5	0

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) August 1935 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Ignatius Shuman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Empire Co. Mo.

MOTHER 15. MAIDEN NAME Nancy M. Dermott

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Empire Co. Mo.

17. INFORMANT Mrs. Edna Shuman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Label DATE May 28 1935

19. UNDERTAKER (ADDRESS) J. Kelly

20. FILED 5/28 1935 J. M. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935, to May 26, 1935.

I last saw him alive on May 25, 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Cerebral Hemorrhage

Other contributory causes 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 _____, 1935

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) W. C. E. Todd M. D.

(Address) Williamstown Mo

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.

