

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

Do not use this space.

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JUL 24 1935

1. PLACE OF DEATH

55 County Lawrence Registration District No. 467
 1 Township Aurora Primary Registration District No. 4280
 4 City Aurora (No. 210 S. Elliott Ave) St. _____ Ward _____

File No. _____

Registered No. 36

2. FULL NAME Edward B Shumate

(a) Residence, No. 210 S. Elliott Ave 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 Liza I. Shumate
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 17-1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
 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) Macomb Ill,
 (STATE OR COUNTRY)

FATHER 13. NAME Daniel Shumate

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT D. S. Shumate
 (ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Macomb Ill, DATE June 28 1935

19. UNDERTAKER King Funeral Home
 (ADDRESS) Aurora Mo

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935, to June 22, 1935
 I last saw him alive on June 25, 1935 Death is said to have occurred on the date stated above, at 7.15 P. M.

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

Carcinoma of rectum Date of onset not known
 Other contributory causes of importance None

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. M. Smith M. D.
 (Address) 121 W. Pleasant Aurora Mo

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1954
FEBRUARY 10
1954

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

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

ALL INFORMATION CALLED FOR MUST BE FURNISHED ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Lawrence Registration District No. 467
Township..... Primary Registration District No. 4280
City..... Aurora (No. St. Ward)

File No.
Registered No. 36

2. FULL NAME

Edward B. Skimate

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m. 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw alive on 19..... Death is said to have occurred on the date stated above, at m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 5 8

Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

OCCUPATION
FATHER
MOTHER

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 6-26, 19 35 R. W. Cowan, M.D. Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. H. Smith, M. D.
(Address) Aurora Mo.

AUG 6 1953

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