

AUG 15 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22704

1. PLACE OF DEATH

County St. Louis
 Township St. Louis
 City St. Louis (No. 314)

Registration District No. 4190
 Primary Registration District No. 4190

File No. 22704
 Registered No. 22704
 St. St. Louis Ward 1

2. FULL NAME

Mrs. Mary Shoemaker
 (a) Residence, No. St. Louis St. St. Louis Ward 1
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1852

7. AGE YEARS 82 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.

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) Brazil, Indiana (STATE OR COUNTRY)

13. NAME J. N. Morris

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

15. MAIDEN NAME Nancy Witty

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

17. INFORMANT Mrs. Ethel Shoemaker (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St. Louis PLACE St. Louis DATE 7/18/35

19. UNDERTAKER Labon B. Miller (ADDRESS)

20. FILED 7/17/35 6830 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to July 17, 1935

I last saw him alive on July 16, 1935. Death is said to have occurred on the date stated above, at St. Louis m.

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

Fracture of surgical neck of femur Date of onset at 3

Bronchial pneumonia

Other contributory causes of importance 1860

Name of operation 1860 Date of 1860

What test confirmed diagnosis? 1860 Was there an autopsy? 1860

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 1860 Date of injury 1860

Where did injury occur? 1860 (Specify city or town, county, and State)

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

Manner of injury 1860

Nature of injury 1860

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 1860

(Signed) Jas. A. Carver, M. D.

(Address) St. Louis, 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.

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

Dr. J. G. Crockett.

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

Do not use this space.

1. PLACE OF DEATH

County Lentry
Township _____
City _____ (No. _____)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 82 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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 9-6-35 C. E. Bernick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1935

22. I HEREBY CERTIFY, that I attended deceased from _____ 19____, to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Fracture of surgical neck of femur
Bronchial pneumonia

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? Mr. Date of injury April 9, 35

Where did injury occur? Stanberry, Mo.

(Specify city or town, county, and State)

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

In home

Manner of injury Fell in yard at home

Nature of injury Fracture of surgical neck of left femur

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

If so, specify _____

(Signed) Joseph Crockett, M. D.

(Address) Stanberry, Mo.

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