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

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.

100M-3-28-35

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

JAN 13 1936

Do not use this space.

41833

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. CITY HOSPITAL NO. 2 St. ..... Ward)

File No. ..... Registered No. 11082

2. FULL NAME CORA SHUMAKE

(a) Residence, No. 2905a Easton Ave. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1879

7. AGE: Years 56 Months 4 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Mississippi

FATHER

13. NAME Joseph Daniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Miss

MOTHER

15. MAIDEN NAME Katie Murphey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Miss

17. INFORMANT Mary Logan
(ADDRESS) 2321 Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Dec 30, 1935

19. UNDERTAKER Jas. H. Randle & Son
(ADDRESS) 920 No. Leonard Ave

20. FILED DEC 30 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-16-, 1935 to 12-24-, 1935

I last saw her alive on 12-24-, 1935. Death is said to have occurred on the date stated above, at 7:40 A. M.

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

ARTERIOSCLEROSIS — Date of Onset 12-16-1935

Other contributory causes of importance: ---

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. Owen Blache M. D.

(Address) 2945 Lawton