

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.

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

Do not use this space.

MAR 23 1936

6767

1. PLACE OF DEATH

County Wagon
Township Richland
City La Cross (No.)

Registration District No. 919
Primary Registration District No. 6247

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 1936</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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) <u>Mo</u>		
FATHER	13. NAME <u>Floyd Shumaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mabel Neville</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Floyd Shumaker La Cross</u>		
18. BURIAL, CREMATION, OR REMOVAL		
	PLACE <u>Marion</u>	DATE <u>Feb 3 1936</u>
19. UNDERTAKER (ADDRESS) <u>W. H. McCallum, Sons South Easton</u>		
20. FILED <u>27</u> 19 <u>36</u> <u>W. D. W. Triffin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936, to Jan 29 1936
Last saw her alive on Jan 29 1936 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:
Resection Nephrotomy
Valvular heart
Coronary Sclerosis.
Date of onset

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 19.....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. P. Foster, M. D.
(Address) Edwards Mo.

